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# ORDER FORM

**TRANSMITTER**

<b>MODEL:</b>	<b>QUANTITY:</b>	<b>DELIVERY DATE:</b>
<b>WEIGHT:</b>	<b>LIFE:</b>	<b>ATTACHMENT</b> (method): Tube diameter (if applicable):
<b>TEMPERATURE SENSING:</b> Temp range (0-50 in °C): PPM at high temp:                      PPM at low temp:		<b>MORTALITY SENSING:</b> Delay time (1-24 hours): Type (Faster, Double Pulse, Slower): Locking:
<b>DUTY CYCLING:</b> Hours ON each day: Sleep mode PPM (0-6):		<b>ACTIVITY SENSING:</b> Type (Faster PPM or Double Pulse): Sensitivity: 1 (low) to 5 (high):
<b>SPECIAL INSTRUCTIONS:</b>		

**ANIMAL**

Study Species (common/scientific names):	
Weight/Neck Size - Male:	Female:
Habitat:	Study Location:

**RECEIVING EQUIPMENT**

Receiver Frequency Range(MHz):	Spacing (kHz):	Model:
Frequencies to avoid (attach list, if necessary):		

**SHIPPING ADDRESS**

**BILLING ADDRESS**

Name:	Name:
Organization:	Organization:
Address:	Address:
Tel:	Tel:
E-mail:	E-mail:
Purchase Order No. (if applicable):	