



Unit Order Configuration (Select Your Unit)

Diver/Buyer Name _____

Height ____ Weight ____ Harness: **S M L XL XXL** Counterlung: **M L** (Please Circle)

Evolution/Inspiration Lung & Wing Panel Color: Black & Yellow _____ Black & Gray _____

_____ **Evolution** with ADV and Vision HUD Electronics **\$8,999.00**
35 lb Wing, PC download and logviewer software

_____ **Evolution-Plus** with ADV and Vision HUD Electronics **\$8,999.00**
35 lb Wing, PC download and logviewer software

_____ **Inspiration** with ADV and Vision HUD Electronics **\$8,999.00**
35 lb Wing, PC download and logviewer software

_____ **Vision Electronics Upgrade** with PC download and logviewer software **\$4,799.00**

Options

_____ **Upgrade to a 50lb / 22kg Wing (Inspiration only)** **\$179.00**

_____ **Nitrox Decompression Software** **\$399.00**

_____ **Trimix Decompression Software** (*Requires Nitrox Deco Software*) **\$499.00**

_____ **Scrubber Monitor (Temp Stick)** **\$599.00**

_____ **Open Circuit Bailout Mouthpiece- OCB (upgrade)** **\$899.00**

_____ **TEK/Travel Frame w/ Cam Straps Brackets** **\$599.00**

_____ **GC3 Flowstop** - in-line gas isolator **\$80.00**

_____ **Expedition Saver Kit I** – Mouthpiece, Inflator, Convuluted Hose and Canister O-Rings, Scrim and Nuts
Service Kits, O2 sensor and batteries **\$250.00**

_____ **Expedition Saver Kit II** - ESK I plus Service Tools (3), ADV, Cylinder valve, 1st Stage Regulator
Service Kits, and an additional sensor. **\$560.00**

ORDER INFORMATION

Date Ordered: _____ Requested Delivery Date: _____

Divers/Buyers Name: _____

Billing Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Phone#: _____ Cell#: _____ E-Mail: _____

Silent Diving, LLC

383 Portland Street, Fryeburg, ME 04037

Free Manuals Downloads www.silentdiving.com

Phone 207-935-1672

Fax 603-297-0047



Please check the box if you would like your unit delivered to an alternate address.

Shipping Address: _____

City: _____ State: _____

Zip: _____ Country: _____

Phone#: _____

Is this a residential address? Yes No Phone #: _____

Payment Information: VISA MasterCard AMEX

Note: Free ground shipping (US domestic shipments only, this excludes Hawaii and Alaska) if payment is received by check or wire transfer. *Ground shipping costs will be credited for Hawaii and Alaska

Name as it appears on Card: _____

C/C #: _____ Exp: _____ CVV #: _____

Would you like us to save your credit card for future transactions? Yes No

Signature _____ Date _____

Please check the appropriate box:

Not Certified (note: unit will be shipped disabled) Certified (a copy of your certification must be included)

Instructor Name, Agency & #: _____

Dealer: _____

Dealer Address: _____ City: _____

State: _____ Zip _____ Country: _____

Phone #: _____ E-Mail: _____

Coding for your Vision Electronics: (including spaces)

Line 1 Name: _____ Max 16 digits

Line 2 Tel: _____ Max 14 digits

Line 3 Zip: _____ Max 12 digits

Submit your order including the Waiver to complete the purchase of your unit along with a \$1500.00 deposit.

Email Sales@silentdiving.com or Fax: 603-297-0047

Note: * First Lid Service is free of charge (not including Oxygen Cells) if the Lid is returned within 12-15 months of the purchase date.

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