



National Association of Practical Nurse Education, and Services
Multi-Skilled Nursing Care Certification Organization, Inc.

CERTIFICATION REVIEW STUDY MATERIALS ORDER FORM

Completed Order Check List

Use checklist below to assure your order is complete.

- All information on order form is complete
 Mail to: NAPNES, P.O. Box 25647, Alexandria, VA 22313
 Fax Order Form (Credit Card Payment Only) to 703-940-4089
- Payment Option (select one)
 Check Enclosed (mail order form 4-6 weeks for delivery)
 Credit Information Below (Fax or mail order form)
Make sure information is legible allow 2-3 weeks delivery

SHIPPING & CONTACT INFORMATION (please print legibly)

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone:(_____) _____ Work Phone:(_____) _____ Other Phone:(_____) _____

ORDER STUDY MATERIALS

Indicate quantity and multiply by either member or non-member price and then place amount in each rows "Total" field.

PHARMACOLOGY STUDY MATERIALS				
Qty	Description	Member Price	Non-Member Price	Total
	Audio CDs	\$30.00 each	\$45.00 each	\$
	Computer PC CD-ROM	\$30.00 each	\$45.00 each	\$
	DVD Review	\$30.00 each	\$45.00 each	\$
	Intensive Review in Pharmacology Workbook	\$30.00 each	\$45.00 each	\$
	Audio CD & Pharmacology Workbook Combo	\$50.00 both	\$70.00 both	\$
	Computer PC CD-ROM & Workbook Combo	\$50.00 both	\$70.00 both	\$
	DVD & Workbook Combo	\$50.00 both	\$70.00 both	\$
LONG-TERM CARE CERTIFICATION MATERIALS				
Qty	Description	Member Price	Non-Member Price	Total
	DVD Review	\$30.00 each	\$45.00 each	\$
	Long-Term Care Review Book	\$25.00 each	\$40.00 each	\$
	DVD & Review Book	\$45.00 both	\$75.00 both	\$
TOTAL ALL ITEMS HERE				\$

Please note, all prices include domestic shipping and handling. International orders please e-mail us for shipping and handling charges

PAYMENT INFORMATION

- I am enclosing a check or money order for the amount indicated above. Charge the Credit Card I've listed below
 VISA MasterCard American Express

Credit Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

(Signature Required On Credit Card Order)