



National Association of Practical Nurse Education, and Services

# PHARMACOLOGY and/or LONG-TERM CARE 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 301-588-2839
  - 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

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_ Other Phone:(\_\_\_\_\_) \_\_\_\_\_

### LICENSURE & IDENTIFICATION INFORMATION

LP/VNs ONLY complete this section

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### ORDER STUDY MATERIALS

Place a check mark next to the item(s) you wish to order, indicate quantity if you are ordering more than one:

- 3 set CDs in Pharmacology: \$30 (member) \$40 (non-member)
  - Yes, please send me \_\_\_\_\_ copy of the CD set in Pharmacology. I am enclosing \$30/\$40 per copy x \_\_\_\_\_ copies = \_\_\_\_\_
  - 
  - Yes, please send me \_\_\_\_\_ copy of the **Cassette** Review in Long-Term Care. I enclose \$25.00 per copy x \_\_\_\_\_ copies = \_\_\_\_\_
  - Yes, please send me \_\_\_\_\_ copy of the **Book** Review in Long-Term Care. I am enclosing \$20 per copy x \_\_\_\_\_ copies = \_\_\_\_\_
- Total Amount Enclosed or authorized to charge to the credit card listed below.....\$ \_\_\_\_\_ .00

*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
  - Check One:  VISA       MasterCard       American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature Required On Credit Card Order)