



## Mail-in/Fax Order Form

Please PRINT

**Shipping Information**

Ship to: Name

Ship to: Address

City

State

Postal Code

Daytime Phone

Required for order confirmation

E-mail address

Required for order confirmation

**Quantity****Course****Price Each****Total Cost**
 Free Shipping via Media Mail is 3-7 days.  
 Order Express or Priority Mail for faster delivery.

Total

 Personal Check   
  Money Order   
  MasterCard   
  Visa   
  Discover
**Credit Card Information**

Please provide your name, as it appears on your credit card, and address and phone number on record with your credit card company

Name

Address

City

State

Postal Code

Credit Card #

Expiration Date

CVV code \*

Signature

\*The CVV is a 3 or 4 digit code embossed or imprinted on the reverse side of Visa, MasterCard and Discover cards and on the front of American Express cards.

Mail orders: Nurse Continuing Ed • PO Box 5274 • Sarasota FL 34277-5274

Fax orders: 1-941-924-7643

Phone orders: 1-941-349-6877 or Toll-free 1-888-537-6877