



# Program Materials Order Form

3070 Rasmussen Rd., Suite 120 • Park City • Utah 84098

1-888-655-8171 or 1-435-655-8171 • FAX 1-435-655-7558

Prices subject to change without notice.

Item Number	Description	Unit price (US dollars)	Quantity ordered	Amount
7 <sup>th</sup> Ed. LM	S.T.A.B.L.E. Program Learner Manual 7 <sup>th</sup> Edition	\$64.95		\$
2 <sup>nd</sup> Ed. Cardiac	S.T.A.B.L.E. – Cardiac Module Manual 2 <sup>nd</sup> Edition	\$64.95		\$
3 <sup>rd</sup> Ed. Nomo	Blood Gas Interpretation Nomogram 3 <sup>rd</sup> Edition 8.5 x 11 in. laminated	\$6.00		\$
<b>SHIPPING CHARGE</b> If paying by check call 1-435-655-8171 for a shipping quote as the cost must be included in the check total. If paying by credit card or PO, the shipping amount is charged when items are shipped. Your order will not be shipped until payment or a purchase order is received by STABLE.				\$
Email order form and company purchase order from purchasing department to: <a href="mailto:Beth@stableprogram.org">Beth@stableprogram.org</a> . DO NOT email credit card information as this is not secure.		<b>Order TOTAL</b>		\$

## SHIPPING INFORMATION

**IF REQUESTING EXPRESS DELIVERY, CALL TO CONFIRM ORDER WAS RECEIVED**

S&H charges are added to total based on the package weight and insurance.

\*US Mail is only available for out of country, Alaska, and Hawaii orders. Allow 2 weeks for delivery.

Ship by:  UPS Ground  Next Day UPS  2 Day UPS  3 Day UPS  US Mail

Allow 10 days for your order to be delivered by UPS ground.

Order date: \_\_\_\_\_ Date materials needed by: \_\_\_\_\_

Name of person placing order: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

VISA, MC, AM EX, DISCOVER

Expiration Date

Security Code

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

Name on card (print)

Signature (required)

For Credit Card orders, please provide the address where the credit card is billed to, under **BILL TO** below.

**BILL TO:** Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Bill to Phone: ( ) \_\_\_\_\_

International customers please include country code.

**SHIP TO:** Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

International customers please include country code.

Facility: \_\_\_\_\_ Department: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_ Country: \_\_\_\_\_