

# ORDER FORM

(Please photocopy and use again, if desired)



**BILLING INFORMATION**

Cardholder's Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

**SHIP TO (If different from above)**

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

"Yes, I would like to receive the FREE 2 Minute EBP Challenge and weekly tips to improve my nursing care!  
 Please send to \_\_\_\_\_."  
 (please insert e-mail address)

**PLEASE CHECK THE FORM OF PAYMENT**

Mastercard       Visa       Discover       Check enclosed (mail orders only)  
 Please make checks payable to Ed4Nurses, Inc.

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

DESCRIPTION	QTY	PRICE (EA)	TOTAL

Total Order	Shipping
Up to \$20	add \$4.00
\$20-\$40	add \$6.00
\$40-\$60	add \$8.00
\$60-\$100	add \$10.00
\$100-\$200	add \$12.50
Over \$200	Please call

**TOTAL** \_\_\_\_\_  
**TAX** \_\_\_\_\_  
**SHIPPING** \_\_\_\_\_  
**GRAND TOTAL** \_\_\_\_\_

**Ohio Residents Only, add 6.75% sales tax to total before shipping**

**3 WAYS TO ORDER:**  
**TELEPHONE:** (800) 990-2629  
**FAX:** (800) 990-2585

**MAIL: Ed4Nurses, Inc**  
 571 Ledge Road  
 Macedonia, Ohio 44056