

**BINGHAMTON UNIVERSITY
NURSING SKILLS LAB KIT
ORDER FORM**

The purchase of a skills kit is **REQUIRED** for your course. The contents of a **PHARM KIT** should be purchased by **MAY 8, 2008**, to have supplies available for the first lab. There are two different options to purchase a kit. **PLEASE CIRCLE ONE OF THE FOLLOWING:**

1- PHARM KIT - \$37.00

2- PHARM KIT W/ OPTIONAL ASSESSMENT PACK - \$86.25.**

**** ASSESSMENT PACK INCLUDES A BANDAGE SCISSOR, A FORCEP AND A STETHOSCOPE/ BP CUFF COMBO.**

To ensure timely delivery, THE KITS WILL BE SENT TO YOUR INSTRUCTOR and dispensed after proof of purchase from G.T.S., INC.

KITS WILL SHIP DIRECTLY TO THE SCHOOL.

ANY KITS REQUESTED AFTER, 5/8/08 will require an additional \$10.00 SHIPPING / LATE FEE for a total of \$47.00 or \$96.25.

Please allow 72 HOURS to process order. NO PHONE VERIFICATIONS WILL BE GIVEN.

WAYS TO ORDER

Order by mail: (receipt requires self addressed, stamped envelope)

Please return **THIS ENTIRE ORDER FORM** with a MONEY ORDER or CREDIT CARD INFORMATION (NO PERSONAL CHECKS WILL BE ACCEPTED).

SEND TO: **GRACE TRAINING SUPPLY, INC**
400 W. OAK RIDGE RD.
ORLANDO, FL. 32809

Order online: www.gracetrainingsupply.com AUTO REPLY WILL BE SENT-(\$20.00 CHARGEBACK FEE IF CHARGE IS UNRECOGNIZED) TO ACCESS ORDERING ONLINE, YOU MUST USE THE FOLLOWING INFORMATION:

USERNAME: BUNYPHARM / PASSWORD: 081791

Order by fax: 407-856-1788 receipt by e-mail, (preferred) _____ Or phone _____

NO PHONE ORDERS WILL BE ACCEPTED

PLEASE PROVIDE THE FOLLOWING INFORMATION:

SCHOOL NAME _____

STUDENT NAME: _____

PHONE NUMBER: _____

SOCIAL SECURITY LAST 4 DIGITS _____

CREDIT CARD #: (Front of card) _____

EXPIRATION DATE: _____ / _____ / _____

CREDIT CARD **HOLDER** BILLING INFORMATION

CHECK CARD TYPE:

NAME _____

VISA
MASTERCARD
DISCOVER

STREET _____

CITY _____ STATE _____ ZIP _____

C.C **HOLDER** SIGNATURE _____