



ASSOCIATION of PEDIATRIC
HEMATOLOGY/ONCOLOGY NURSES

Chemotherapy & Biotherapy Provider Course Order Form

Please complete page 2 of this form for all items.

Quantity	Item	Description	Unit price	
	P1013W Institutional	10.5" X 13" Institutional Walnut plaque/plexiglas cover and certificate Price includes proof of certificate.	\$ 80	
	P912 Institutional Plaque	9" x 12" Institutional Plaque Walnut plaque with header plate and individual recognition plates (fits 12 plates)	\$ 70	
	P1215 Institutional Plaque	12" x 15" Institutional Plaque Walnut plaque with header plate and individual recognition plates (fits 18 plates)	\$100	
	IC	Individual Plates for Institutional Plaques Price includes imprinting charge.	\$ 15	
	Pin	1" Oval Provider Pin Nickel Silver Pin with APHON blue colorfill in outer circle. Deluxe clasp and gift box. <u>We are accepting pre-orders for the pins. Initial orders may take 8-10 weeks, at minimum.</u>	\$ 10	
			Subtotal	
			Tax 10% IL Residents	
		** Freight - please see rates below. Please enter the appropriate freight charge	Freight	
			Total	

**** Freight Charges**

Individual Plates - Pin - \$9.95 Certificate Plaques (all) - 9x12 Plaque - \$13.50 12x15 Plaque - \$15.95

For multiple items - please call for freight charges

Sold To: _____

Ship To: _____

Attention: _____

Attn: _____

Area Code/Daytime Phone: _____

Pre-payment must accompany order

Make checks payable to: Zip Specialties, Inc

Fax: _____

Payment: MasterCard VISA Discover Check



ZIP SPECIALTIES, INC.
185 S. WHEELING ROAD
WHEELING, IL 60090
847-520-1011
Fax - 847-520-3414

Acct. No. _____

Exp. Date _____

Signature _____



ASSOCIATION of PEDIATRIC
HEMATOLOGY/ONCOLOGY NURSES

Chemotherapy & Biotherapy Provider Course Order Form - Page 2

Your Name _____

Course Location _____

Course Instructor _____

Course Date _____

Institution Certificate Imprinting Instructions

Institution Name _____

Names and Credential of each nurse for this certificate
(please include separate sheet of paper for additional names)

Name & Credentials

Name & Credentials

Name & Credentials

Name & Credentials

Name & Credentials

Name & Credentials

Name & Credentials

Name & Credentials

Institution Plaque Imprinting Instructions

Institution Name _____

Names and Credential of each nurse for this certificate
(please include separate sheet of paper for additional names)

Name & Credentials

Name & Credentials

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Name & Credentials

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WHEELING, IL 60090
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Please allow 10 to 15 working days
for production.

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