



2006 (5th Edition) Program Materials Order Form

FAX TO: 1-435-655-7558 or Order on-line at www.stableprogram.org

Prices in effect through December 31, 2009; Subject to change without notice.

Item No.	Description	Unit price	Quantity ordered	Amount
(2006 LM)	2006 (5 th ed) Learner Manual	1-14 copies \$41.95 ea. 15 or more copies \$39.95 ea.		\$
(2006 CD)	2006 (5 th ed) Learner Course Slides CD ROM (PC only, Windows 2000 or higher)	\$295.00		\$
(2006 IM)	2006 (5 th ed) Instructor Manual	\$75.00		\$
(2006 BC)	Bedside Quick Reference Cards (includes mini nomogram)	\$24.95/set		\$
(2006 Nomo)	Blood Gas Interpretation Chart (Acid-base Nomogram Tool, 8.5 x 11 in., laminated)	\$6.00 each		\$
(PE/GA CD)	Physical Examination/Gestational Age Assessment CD ROM	\$99.00		\$
Prepaid check orders, call for S & H quote <u>to be included in check</u> Mail to: PO Box 980023 Park City, UT 84098			SHIPPING	\$ _____

Shipping charges will be added to credit card and purchase orders

TOTAL \$ _____

SHIPPING INFORMATION S&H charges are added to total based on the package weight and insurance. UPS ground delivery rates apply. IF REQUESTING EXPRESS DELIVERY, CALL TO CONFIRM ORDER WAS RECEIVED.

Ship by : _____ UPS ground ___ Next Day UPS _____ 2 Day UPS _____ 3 Day UPS _____ US Mail (Out of country & AK only) Allow 10 days for your order to be shipped by UPS ground. Allow 3 weeks for US Mail shipments to Canada or out of country.

Order date: _____ Date materials needed: _____ Registered Lead Instructor's name (if known): _____

Purchase Order No. _____ FAX PO to: 435-655-7558 Check enclosed (payable to: S.T.A.B.L.E., Inc.): \$ _____

VISA, MC, AM EX, DISCOVER: _____ EXP. DATE: _____

Signature (required for credit card orders) _____ For Credit Card orders, please provide the address where the credit card is billed to and signature required. Fill in credit card billing address under **Bill to**.

BILL TO: Name of person placing order: _____ Institution: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Bill to Phone: (____) _____ Fax: (____) _____

SHIP TO: Name: _____

Institution: _____

Dept. / Street: _____

City: _____ State: _____ Zip: _____

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