THE S.T.A.B.L.E. Program

S.T.A.B.L.E. – Cardiac Module ORDER FORM

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

Prices in effect through December 31, 2012; Prices subject to change without notice.

	Unit price	Quantity ordered	Amount
Cardiac Module CD-ROM Slide Program	**$ 295.00**		**$**
Cardiac Module CD-ROM Intranet version*	**$ 395.00**		**$**
Cardiac Module Student Manual 1-14 quantity	**$ 36.95 each**		**$**
15 or more	**$ 34.95 each**		**$**

Intranet Version CD ROM** includes the entire slide presentations ***plus each cardiac lesion in the program is in a separate folder for easier review of specific lesions. The Intranet Version allows access from any computer linked to the hospital intranet. This CD-ROM is NOT licensed for use on the Internet. This is an excellent resource for bedside teaching, nursing orientation, and parent education. All slide presentations are copyright protected and packaged in SecurePack with PowerPoint Viewer 2003 which will provide the best PowerPoint version for viewing. **System requirements for either CD-ROM: PC only with Windows 2000 or higher operating systems are required. CD will not operate on a Macintosh computer as the SecurePack software is not Macintosh compatible.**

Prepaid check orders, call for S & H quote to be included in check **SHIPPING** $ _____

Mail to: **PO Box 980023 Park City, UT 84098**

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. IF REQUESTING EXPRESS DELIVERY, CALL TO CONFIRM THE ORDER WAS RECEIVED.

S & H charges• UPS ground delivery rates apply • Shipments to Alaska and overseas- US Mail rates apply. UPS Express delivery rates available.

Ship by : _____UPS ground _____Next Day UPS _____2 Day UPS _____3 Day UPS _____US Mail (Out of country & AK only)

Allow 7 to 10 working days for order to be received UPS ground. Allow 2 to 3 weeks to receive order for US Mail shipments to Canada or out of country.

Order date:_____ **Email address:** _____

Purchase Order No._____ **FAX PO's to: 1 + (435) 655-7558**

Check amount enclosed (payable to: S.T.A.B.L.E., Inc.): $_____

VISA, MC, AMEX, DISCOVER: _____ **EXP. DATE:** _____

Signature (*required for credit card orders*) _____

For Credit Card orders, address where credit card is billed to and signature required. Complete billing address under Bill to.

BILL TO:

Name of person placing order: _____

Email: _____

Institution: _____

Mailing Address: _____

City: _____ **State/Prov:** _____ **Zip/Postal:** _____

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

SHIP TO:

Name: _____

Institution: _____

Department & Street: _____

City: _____ **State/Prov:** _____ **Zip/Postal:** _____

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