MISSION COLLEGE
C.N.A. SKILLS LAB KIT
ORDER FORM

The purchase of a skills kit is REQUIRED for your course. The contents of the C.N.A. SKILLS LAB KIT ONLY is $64.00 (This price includes shipping). To have supplies available for the first lab, YOUR ORDER MUST BE RECEIVED NO LATER THAN 4:00 PM EASTERN TIME ON JANUARY 6, 2020. PLEASE CIRCLE ONE OF THE FOLLOWING PURCHASE OPTIONS:

1. C.N.A. KIT ONLY – $64.00
2. C.N.A. KIT W/ STETHOSCOPE – $86.00
3. C.N.A. KIT W/ BP CUFF – $91.00
4. C.N.A. KIT W/ BP/STETH COMBO – $113.00

To ensure timely delivery, your kit 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 4:00 PM EST on 1/6/2020 will require an additional $10.00 LATE PROCESSING FEE FOR A TOTAL OF $74.00, $96.00, $101.00, OR $123.00. KITS WILL BE SHIPPED EVERY 2 WEEKS AFTER THE DEADLINE DATE.

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-($40.00 CHARGEBACK FEE IF CHARGE IS UNRECOGNIZED/DISPUTED). TO ACCESS ORDERING OPTION ONLINE YOU MUST USE THE FOLLOWING INFORMATION:

USERNAME: MCCACNA    PASSWORD: 205209

WHEN PLACING ORDERS ONLINE DO NOT INCLUDE ANY SPECIAL CHARACTERS IN YOUR NAME SUCH AS APOSTROPHIES, ACCENTS OR HYPHENS.

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: ________________________________ CHECK GLOVE SIZE: ____________________
STUDENT NAME: ________________________________          SMALL
PHONE NUMBER: ___ ___ ___ ___ ___ ___ ___ ___ ___ LARGE
STUDENT ID LAST 4 DIGITS ___ ___ ___ ___ XL
CREDIT CARD #: (Front of card) ________________________________
EXPIRATION DATE: ___ / ___ / ____
AVS #: (3 digit number on back of card) __________________
CREDIT CARD HOLDER BILLING INFORMATION
NAME ____________________________ CHECK CARD TYPE:
STREET ____________________________  VISA
CITY__________________ STATE_______ ZIP___________
C.C HOLDER SIGNATURE ____________________________

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