

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

The purchase of a CNA skills kit is **REQUIRED** for your course. You have the **OPTION** to purchase a **BLOOD PRESSURE CUFF** and/or a **STETHOSCOPE**. These items are required for your course, but not required to be purchased from us. There are a few different options to purchase your kit. **PLEASE CIRCLE ONE OF THE FOLLOWING:**

1. C.N.A. KIT ONLY – \$100.00
2. C.N.A. KIT W/ STETHOSCOPE – \$125.00
3. C.N.A. KIT W/ BP CUFF – \$135.00
4. C.N.A. KIT W/ BP/STETH COMBO – \$160.00

To have supplies available for the first lab, **YOUR ORDER MUST BE RECEIVED NO LATER THAN 4:00 PM EASTERN TIME ON JULY 26, 2022.**

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. KITS WILL SHIP EVERY 2 WEEKS AFTER THE DEADLINE DATE.**

ANY KITS REQUESTED AFTER 4:00 PM EST ON JULY 26, 2022 will require an additional **\$10.00 LATE PROCESSING FEE FOR A TOTAL OF \$110.00, \$135.00, \$145.00, OR \$170.00.**

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

WAYS TO ORDER

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: 2260022

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

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

NO PHONE ORDERS WILL BE ACCEPTED

PLEASE PROVIDE THE FOLLOWING INFORMATION:

SCHOOL NAME: _____ CHECK GLOVE SIZE:
STUDENT NAME: _____ SMALL
PHONE NUMBER: _____ MEDIUM
LARGE
X LARGE

SOCIAL SECURITY LAST 4 DIGITS _____

CREDIT CARD #: (Front of card) _____

EXPIRATION DATE: ____/____/____

CVV #: (3 OR 4 digit security code)

RECEIPT BY EMAIL: _____

CREDIT CARD **HOLDER** BILLING INFORMATION

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

C.C **HOLDER** SIGNATURE _____

CHECK CARD TYPE:

VISA
MASTERCARD
DISCOVER
AMERICAN EXPRESS

By checking this box you recognize and agree to the following: all items in the kit purchased are for training/educational purposes only and are **NOT** intended for human or animal use.