

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 ALL THE ITEMS YOU WISH TO PURCHASE.**

1. C.N.A. KIT ONLY – \$100.00
2. STETHOSCOPE – \$26.00
3. BLOOD PRESSURE CUFF – \$35.00

To have supplies available for the first lab, **YOUR ORDER MUST BE RECEIVED NO LATER THAN 4:00 PM EASTERN TIME ON JANUARY 3, 2023.**

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 1/3/2023 will require an additional \$10.00 LATE PROCESSING FEE FOR A TOTAL OF \$110.00.

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: 236100

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

Order by fax: 407-856-1788 _____

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 _____

EMAIL ADDRESS FOR RECEIPT: _____

CREDIT CARD #: (Front of card) _____

EXPIRATION DATE: _____ / _____ / _____

CVV #: (3 OR 4 digit security code) _____

CREDIT CARD **HOLDER** BILLING INFORMATION

CHECK CARD TYPE:

NAME _____

VISA

STREET _____

MASTERCARD

CITY _____ STATE _____ ZIP _____

DISCOVER

AMERICAN EXPRESS

C.C **HOLDER** SIGNATURE _____

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.