



National Association of Practical Nurse Education, and Services  
Multi-Skilled Nursing Care Certification Organization, Inc.

**CERTIFICATION REVIEW STUDY MATERIALS ORDER FORM**

**Completed Order Check List**

Use checklist below to assure your order is complete.

- All information on order form is complete
- Mail to: NAPNES, 1940 Duke St. Suite 200, Alexandria, VA 22314
- Fax Order Form (Credit Card Payment Only) to 703-940-4089
- Payment Option (select one)
- Check Enclosed (mail order form 4-6 weeks for delivery)
- Credit Information Below (Fax or mail order form)
- Make sure information is legible allow 2-3 weeks delivery

**SHIPPING & CONTACT INFORMATION (please print legibly)**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone:( \_\_\_\_\_ ) Work Phone:( \_\_\_\_\_ ) Other Phone:( \_\_\_\_\_ )

**ORDER STUDY MATERIALS**

Indicate quantity and multiply by either member or non-member price and then place amount in each rows "Total" field.

PHARMACOLOGY STUDY MATERIALS				
Qty	Description	Member Price	Non-Member Price	Total
	Computer PC CD-ROM	\$30.00 each	\$45.00 each	\$
	DVD Review	\$30.00 each	\$45.00 each	\$
	Intensive Review Pharmacology Workbook	\$30.00 each	\$45.00 each	\$
	Computer PC CD-ROM & Workbook Combo	\$50.00 both	\$75.00 both	\$
	DVD & Workbook Combo	\$50.00 both	\$75.00 both	\$
LONG-TERM CARE CERTIFICATION MATERIALS				
Qty	Description	Member Price	Non-Member Price	Total
	DVD Review	\$30.00 each	\$45.00 each	
	<del>Long Term Care Review Book</del>	<del>\$25.00 each</del>	<del>\$40.00 each</del>	<b>NOT AVAILABLE</b>
	<del>DVD &amp; Review Book</del>	<del>\$45.00 both</del>	<del>\$75.00 both</del>	<b>NOT AVAILABLE</b>
<b>TOTAL ALL ITEMS HERE</b>				<b>\$</b>

Please note, all prices include domestic shipping and handling. International orders please e-mail us for shipping and handling charges

**PAYMENT INFORMATION**

- I am enclosing a check or money order for the amount indicated above.
- Charge the Credit Card I've listed below
- VISA  MasterCard  American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature Required On Credit Card Order)