SELF-STUDY ORDER FORM

PHYSICAL LOCATION IN WHICH INSERVICE(S) WILL TAKE PLACE:

TYPE OF FACILITY (e.g., Home Health Agency, Nursing Home): _____
COMPANY NAME (PLEASE PRINT): _____
NAME OF PERSON PLACING ORDER: _____
TITLE: _____
STREET ADDRESS (SORRY, NO P.O. BOXES): _____
CITY: _____ STATE: _____ ZIP CODE: _____
IS THIS A COMMERCIAL OR RESIDENTIAL ADDRESS? _____
TELEPHONE (PLEASE INCLUDE *AREA CODE*): _____
FACSIMILE: _____
E-MAIL: _____
HOW DID YOU HEAR ABOUT EDUSERV, INC.? ___ MAIL ___ INTERNET ___ BUSINESS ASSOCIATE
___ OTHER (PLEASE SPECIFY) _____

SHIP TO:

Fill out information below if different than above. Sorry, no P.O. Boxes.
COMPANY NAME (PLEASE PRINT): _____
C/O (NAME OF PERSON AND TITLE): _____
STREET ADDRESS (SORRY, NO P.O. BOXES):_____
_____
CITY: _____ STATE: _____ ZIP CODE: _____
IS THIS A COMMERCIAL OR RESIDENTIAL ADDRESS? _____
TELEPHONE (PLEASE INCLUDE *AREA CODE*): _____
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SELF-STUDY INSERVICE MULTI-PACK	
INDIVIDUAL COURSE(S)_____ _____	
MI RESIDENTS ADD 6 % SALES TAX (If a tax-exempt institution, please attach a copy of your tax-exempt certificate.)	
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MERCHANDISE TOTAL	
TOTAL ENCLOSED	

Orders Processed Within 24 Hours of Receipt.

Orders will not be processed without payment.

MAKE CHECK OR MONEY ORDER PAYABLE TO **"EDUSERV, INC."** AND MAIL TO**:**

EDUSERV, INC.
P.O. BOX 5098
DEARBORN, MI 48128

In an effort to provide you with the best prices, we do not accept credit cards for this product.

TELEPHONE: 888/243-2241 (toll-free outside of Michigan) or 313/562-3708
FAX: 313/730-5932 E-MAIL: info@eduservinc.com

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