



NURSING PIN ORDER FORM

3501 S.E. 29th St., DEL CITY, Oklahoma 73115

1-800-324-5995 Ext.359 Sheri Bourland

FAX: (405) 677-6694 Email: sbourland@mtmrecognition.com



RW648704

Pinning Date: August 17, 2010

DATE: 03/02/10

NAME: _____

ADDRESS: _____

CITY, ST. ZIP: _____ PHONE NUMBER: _____

CHECK ONE: SHIP TO SCHOOL LOCATION SHIP TO ABOVE ADDRESS E-MAIL ADDRESS: _____

SCHOOL: BAPTIST HEALTH SYSTEM SCH OF HEALTH PROF PROGRAM: PROFESSIONAL NURSING

JOS# 1067802 ACCT#: 72111296 WORK ORDER: _____

SALESMAN#: 7630 SALESMAN NAME: PETERSON, STEPHANIE

QUALITY	PRICE	TOTAL
_____ 14K GOLD PIN	\$ 349.00	\$ -
_____ 10K GOLD PIN	\$ 247.00	\$ -
_____ 1/10 GOLD FILLED PIN	\$ 54.00	\$ -
_____ STERLING SILVER PIN	\$ 35.00	\$ -
_____ GOLD PLATE PIN	\$ 20.00	\$ -
ENGRAVE THREE INITIALS: _____	INC	INC
ENGRAVE THE YEAR: _____	INC	INC
If initials and year date are not listed they will not be on your pin		
PAYMENT OPTIONS: <input type="checkbox"/> MO <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD	SUBTOTAL	\$ -
CREDIT CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX	\$10.00 individual shipping charge	\$ 10.00
ACCOUNT NUMBER: _____	Tax 8.25%	
VALID THROUGH: _____ <input type="text" value="3 digit security code>>>>"/>	TOTAL	\$ 10.00
CARD HOLDER NAME: _____	TAXABEL FREIGHT STATE	
SIGNATURE: _____		

PRICING GOOD FOR 90 DAYS FROM *** May 25, 2010 ONLY *******

PLEASE CONFIRM PINNING DATE ABOVE

DO NOT SEND CASH