



**NURSING PIN ORDER FORM**

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

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

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KW648804

Pinning Date: August 17, 2010

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

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: **VOCATIONAL NURSING**

JOS# **01067802** ACCT#: **42111296** 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 your initials and year date are not listed on this form they will not be on the pin		\$ -
PAYMENT OPTIONS: <input type="checkbox"/> MO <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD CREDIT CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX		SUBTOTAL \$ - \$10.00 individual ship charge \$ 10.00 8.25% TAX \$ - <b>TOTAL \$ 10.00</b>
ACCOUNT NUMBER: _____		
VALID THROUGH: _____	<b>3 digit security code&gt;&gt;</b>	
CARD HOLDER NAME: _____		TAXABLE FREIGHT STATE
SIGNATURE: _____		

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

Please confirm your pinning date above  
**DO NOT SEND CASH**