



Nuclear Medicine - Program Order Form

To process your order the following information is needed.

Contact Person	
Phone Number	
Billing Address	
Shipping Address	
Payment Information – Payments accepted: Purchase Orders, Discover, MasterCard and Visa	
P.O. Number	
Credit Card Information	
Credit Card Type	; Discover ; MasterCard ; Visa
Name on Card	
Card Number	
Expiration Date	
Mailing Address for Credit Card Statements (if different than billing address)	
For Program Initial Purchase the following information is needed to set up your system.	
Program Name	
Program Accreditation Number (if applicable)	
Time Zone	; Eastern ; Central ; Mountain ; Pacific ; _____
Program URL	www.
Degree	; Certificate ; Associate ; Baccalaureate
Program Director Name	
Program Director Email	
Clinical Coordinator Name	
Clinical Coordinator Email	
Items for Purchase	
Nuclear Medicine Program Fee	Yearly Service Fee \$200.00
Nuclear Medicine Student License (1 per student @\$50.00 each)	# of Student Licenses _____ x \$55.00
	UPS Shipping and Handling (1-25 CD's \$10.00; 26-50 CD's \$15.00)