

## A.S.P.T. Manual Order Form

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

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

Membership # \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Day Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

<u>Description</u>	<u>Quantity</u>	<u>Each</u>	<u>Total</u>
<b>ASPT Phlebotomy Manual</b>	_____	<b>\$80.00</b>	\$ _____
<b>ASPT EKG Manual</b>	_____	<b>\$50.00</b>	\$ _____

**\*\*If ordering 10 or more **Phlebotomy Manuals**, it is priced at \$70.00 each\*\***

**\*\*Shipping fees for the above items are included in the price.**

**\*\*Outside of the continental US are shipped freight collect.**

Type of payment: Check # \_\_\_\_\_ MO# \_\_\_\_\_ **Total amount enclosed \$** \_\_\_\_\_

Credit card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_ CV \_\_\_\_\_ Zip \_\_\_\_\_

Fax to 828-327-2869 **or** Email to office@aspt.org

**or**

Mail completed order form and payment to:

**ASPT  
P.O. Box 1831  
Hickory, N.C. 28603**