



SPECIALTY HEALTH EDUCATION, INC.

P.O. Box 992 • Blue Bell, Pennsylvania 19422

Dear Nurse Educator/Nurse Manager:

We would like to thank you for your interest in our *Questions and Answers Home Study Program*. In order to receive **Group Discount** rates, you must order 10 home study books or more. *Please note that books can be mixed. There is a \$20.00 flat rate shipping and handling* for all group orders under 50 books. If ordering 50 books or more, there is no shipping and handling charge.

Please note that each Question and Answer Home Study book is for individual use only. The home study books are not transferable or refundable. Each individual nurse participating in our home study program has two years from the date of purchase to complete the home study program.

To place a group order:

- Make copies of the blank order form (*page 3 of this download*).
- An order form **MUST** be filled out for each individual receiving a home study program.
- All books will be mailed to one contact person. That person will be responsible for distributing the home study books.
- Each person ordering a home study product will be issued a database number. This number must be used when sending in all test materials related to CE contact hours.
- If paying by credit card – a 'Credit Card Authorization Form' (*page 4 of this download*), **MUST** be filled out in its entirety, signed and included with the home study order.

ALL Order Forms and payment must be received TOGETHER by mail or fax to qualify for group rate pricing, NO EXCEPTIONS.

We would like to thank you for selecting *Specialty Health Education, Inc.*'s Home Study Programs for your continuing education needs. If you have any questions related to ordering your Group Discount Question and Answers Home Study Products, please contact our office at 610-630-3990.

Sincerely,

Michael Kost, DNP, CRNA
President
Specialty Health Education, Inc.



GROUP BOOK INSTRUCTIONS

QUESTIONS AND ANSWERS HOME STUDY PROGRAM

To qualify for the group price, you must order 10 home study books or more.
Books can be mixed.

There is a **\$20.00 flat rate shipping and handling** for all group orders under 50 books.

If ordering 50 books or more, there is no shipping and handling charge.

The home study programs are for individual use only and are not transferable or refundable.
Each person has two years from the date of purchase to complete the program.

To place a group order:

1. Make copies of the blank order form on page 3 of this download, ***an order form MUST filled out for each individual*** receiving a home study program(s).
2. All books will be mailed to one contact person, that person will distribute the books.
Each person ordering will have a database number. This number is used when sending in the test materials for their CE contact hours.
3. If paying by credit card – a Credit Card Authorization Form **MUST** be filled out, signed and sent with the order.
4. We **MUST** receive **ALL Order Forms with payment TOGETHER by mail or fax, NO EXCEPTIONS.**

Thank you again for selecting Specialty Health Education, Inc.'s Home Study Programs for your continuing education needs. If you have any questions or concerns, please feel free to contact us.



GROUP BOOK ORDER FORM

QUESTIONS AND ANSWERS HOME STUDY PROGRAM

Date of Order: _____

PLEASE PROVIDE ALL INFORMATION

Contact Person

Name: _____

Work Phone #: _____

Hospital Information

Hospital Name: _____

Hospital Address: _____

Person Program Is For

Name: _____

Home Address: _____

City: _____

State: _____

Zip: _____

Home Phone #: _____

PLEASE NOTE: A SEPARATE COMPLETED ORDER FORM IS REQUIRED FOR EACH NURSE PARTICIPATING IN THE GROUP HOME STUDY PURCHASE!

HOME STUDY GROUP ORDER

PROGRAM TITLE	CONTACT HOURS	REGULAR PRICE	GROUP PRICE	<input checked="" type="checkbox"/>
Questions & Answers in Perianesthesia Care, Volume I	25	\$74.95	\$49.95	<input type="checkbox"/>
Questions & Answers in Perianesthesia Care, Volume II	20	\$74.95	\$49.95	<input type="checkbox"/>
Questions & Answers in Perianesthesia Care, Volume III	20	\$74.95	\$49.95	<input type="checkbox"/>
Questions & Answers in Sedation/Analgesia	10	\$44.95	\$29.95	<input type="checkbox"/>
Complications in Perianesthesia Care	20	\$74.95	\$49.95	<input type="checkbox"/>
Questions & Answers in Perianesthesia Care: Pediatrics	20	\$74.95	\$49.95	<input type="checkbox"/>
Questions & Answers in Perioperative Care: O.R. Nursing	25	\$74.95	\$49.95	<input type="checkbox"/>

PA Residents, Please Add 6 % Sales Tax \$ _____

S & H \$ _____

ORDER TOTAL \$ _____

PAYMENT INFORMATION

Credit Card Payment

Visa MasterCard

Card Number: _____

Expiration Date: _____

Signature: _____

Forward the completed Credit Card Authorization Form (page 4 of this PDF) and this Order Form via fax to **(610) 630-6676** or forward via U.S. Postal Service.

Check Payment

Please forward this completed Order Form with your check payment to:

Specialty Health Education, Inc.

P. O. Box 992

Blue Bell, PA 19422



CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize *Specialty Health Education Inc.* to charge my credit card account in the amount of: \$_____ for goods and/or services.

Visa  MasterCard 

Credit Card Number: _____

Expiration Date: ____ / ____ Security Code: _____ (from back of card)

Hospital Name (if using hospital card): _____

Credit Card Billing Address:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____

Requested Shipping Address (If different from Billing Address):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____

X _____

Cardholder's Signature

Date

Your completion of this authorization form helps us to protect you, from credit card fraud. *Specialty Health Education, Inc.* will keep all information entered on this form strictly confidential.

**Fax completed form to *Specialty Health Education, Inc.* at (610) 630-6676.
Your Order or Registration will be processed upon receipt of this completed form.**