

**CBSPD Order Form**

**Quantity**

**Description**

\_\_\_\_\_ CBSPD Replacement Certification Certificate: \$10.00 ea.

Which certificate(s) do you need? Please specify: \_\_\_\_\_

\_\_\_\_\_ CBSPD Replacement Re-certification Certificate: \$10.00 ea.

Which certificate(s) do you need? Please specify: \_\_\_\_\_

\_\_\_\_\_ CBSPD Replacement ID Card: \$5.00 ea.

Which ID Card(s) do you need? Please specify: \_\_\_\_\_

\_\_\_\_\_ Insulated Lunch Bag with Velcro closures (with CBSPD Logo): \$5.00 ea.

\_\_\_\_\_ Technician Certification Pin: \$10.00 ea.

\_\_\_\_\_ Surgical Instrument Processor Certification Pin: \$10.00 ea.

\_\_\_\_\_ Ambulatory Surgery Technician Certification Pin: \$10.00 ea.

\_\_\_\_\_ GI Scope Certification Pin: \$10.00 ea.

\_\_\_\_\_ Supervisor Certification Pin: \$15.00 ea.

\_\_\_\_\_ Manager Certification Pin: \$15.00 ea.

\*\*Prices include shipping and handling.

TOTAL AMOUNT OF ORDER: \_\_\_\_\_

Please enclose payment (money order, bank or Facility check) for the total amount of your order.

All orders are to be PRE PAID. Personal checks not accepted.

Allow 1 week for delivery.

**NOTE: ANYONE ORDERING PINS, PATCHES, ID CARDS OR REPLACEMENT CERTIFICATES MUST HAVE A CURRENT CBSPD CERTIFICATION. IF YOU ARE ORDERING THESE ITEMS FOR EMPLOYEES, PLEASE LIST THE NAMES OF THE EMPLOYEES (ATTACH A SEPARATE SHEET OF PAPER IF NEEDED) FOR THE ITEMS ORDERED SO WE CAN VERIFY THEIR CERTIFICATION STATUS IN OUR FILES.**

NOTE: If you want your items shipped to your home address, DO NOT complete the facility/department information.

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

Name of Facility: \_\_\_\_\_ Dept: \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

(Area Code)

**PLEASE MAIL THIS FORM WITH PAYMENT TO: CBSPD, 148 MAIN STREET, SUITE B-1, LEBANON, NJ 08833.**