**CHABOT COLLEGE**

**NURSING SKILLS LAB KIT**

**ORDER FORM**

The purchase of a skills kit is ***REQUIRED*** for your course. You have the OPTION to purchase a BLOOD PRESSURE CUFF that is required for your course, but not required to be purchased from us. **PLEASE CIRCLE ONE OF THE FOLLOWING:**

1. NURSE KIT ONLY – $169.00

2. NURSE KIT W/ BP CUFF – $189.00

To have supplies available for the first lab, **YOUR ORDER MUST BE** **RECEIVED NO LATER THAN 4:00 PM EASTERN TIME ON** **AUGUST 2, 2021**

To ensure timely delivery, your kit WILL BE SENT TO YOUR INSTRUCTOR and dispensed after proof of purchase from G.T.S., INC. **KITS WILL SHIP DIRECTLY TO THE SCHOOL.**

***ANY KITS REQUESTED*** **after 4:00 PM EST on 8/2/21 will require an additional $10.00 LATE PROCESSING FEE FOR A TOTAL OF $189.00 or $209.00. KITS WILL BE SHIPPED EVERY 2 WEEKS AFTER THE DEADLINE DATE.**

**Please allow 72 HOURS to process order. NO PHONE VERIFICATIONS WILL BE GIVEN.**

**WAYS TO ORDER**

**Order online:** www.gracetrainingsupply.com AUTO REPLY WILL BE SENT-($40.00 CHARGEBACK FEE IF CHARGE IS UNRECOGNIZED/DISPUTED). **TO ACCESS ORDERING OPTION ONLINE YOU MUST USE** **THE FOLLOWING INFORMATION:**

**USERNAME: CHCA / PASSWORD: 215740**

**WHEN PLACING ORDERS ONLINE DO *NOT* INCLUDE ANY SPECIAL CHARACTERS IN YOUR NAME SUCH AS APOSTROPHIES, ACCENTS OR HYPHENS.**

**Order by mail: (receipt requires self addressed, stamped envelope).** Please return **THIS ENTIRE ORDER FORM** with a MONEY ORDER or CREDIT CARD INFORMATION (NO PERSONAL CHECKS WILL BE ACCEPTED).

SEND TO: **GRACE** **TRAINING** **SUPPLY**, **INC** 400 W. OAK RIDGE RD. ORLANDO, FL. 32809

**Order by fax: 407-856-1788** receipt by e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NO PHONE ORDERS WILL BE ACCEPTED**

PLEASE PROVIDE THE FOLLOWING INFORMATION:

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

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

PHONE NUMBER: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

SOCIAL SECURITY LAST 4 DIGITS \_\_\_ \_\_\_ \_\_\_\_ \_\_\_

CREDIT CARD #: (Front of card) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

CVV #: (3 OR 4 digit security code) \_\_\_\_\_\_\_\_\_\_\_\_\_

CREDIT CARD **HOLDER** BILLING INFORMATION CHECK CARD TYPE:

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VISA

MASTERCARD

STREET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISCOVER

AMERICAN EXPRESS

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C.C **HOLDER** SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By checking this box you recognize and agree to the following: all items in the kit purchased are for training/educational purposes only and are **NOT** intended for human or animal use.