



Venous Screening Program

Know your risk factors!

Order Form - Patient Education Brochures

ITEM#	ITEMS PER BOX	DESCRIPTION	PRICE	SHIPPING	NUMBER OF BOXES	TOTAL COST
1008	100 (# per box)	What you need...Chronic Venous Insufficiency	\$25	\$7.95*		
1009	100 (# per box)	What you need...Venous Thromboembolism	\$25	\$7.95*		
1010	100 (# per box)	What you need...Varicose Veins and Spider Veins	\$25	\$7.95*		
1011	100 (# per box)	So You're at Risk Flyer	\$25	\$7.95*		
1012	2 (# per tube)	Screening Poster	\$20	\$9.95*		

Subtotal:	
Shipping/ Handling	
Total Amount Due	

SHIP TO:

Name _____
 Credentials _____
 Institution/Company _____
 Address _____
 City/State/Zip _____
 Phone _____

Fax Order

410-431-7039

Mail check to:

American Venous Forum

555 E. Wells Street
 Suite 1100
 Milwaukee, WI 53202
 Phone 414-918-9880
 Fax 414-276-3349

*Make checks payable to
 the American Venous Forum*

CREDIT CARD INFORMATION

Credit Card Number _____ **Exp. Date** _____

Signature _____

**All items shipping outside of the Continental United States may incur additional shipping charges.*