ESSENTIAL RESOURCES FOR CORRECTIONAL HEALTH CARE

ORDER FORM

Publication/Product Name	Quantity	Price*	Total
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$

**Prices subject to change*

Subtotal 1 _____

Less quantity discount (10% when purchasing 10 or more of same item) _____

Subtotal 2 _____

Invoice fee[a] _____

Add 10.50% sales tax[b] _____

Shipping (see rates below) _____

Total _____

[a] For orders of $100 or more, purchase orders accepted from correctional facilities, their contract providers and government agencies only. Purchase orders must be submitted with order. A $30 processing fee will be added to all orders to be invoiced.

[b] Tax exemption letters are required for all exempt entities (or businesses). Please submit your organization's letter with this form.

Shipping Rates

Standard FedEx ground service ☐ $19.70 plus 3% of Subtotal 1

Alternative shipping* (orders must be received at NCCHC by 2 pm CT)

☐ FedEx Next Day: above rate plus $55 ☐ FedEx 2-Day: above rate plus $20 ☐ FedEx 3-Day: above rate plus $15

* Alternative shipping rates are based on a single-item purchase. Additional charges will apply for shipments weighing more than 2 lbs.

☐ Bill your Federal Express account: $10 Account number: _____

International Shipping: Rates will be calculated for each order. We will notify you of the rate before we process your order.

Payment Information

☐ Check enclosed ☐ Purchase order enclosed (see note 'a' above; hard copy mandatory)

☐ Charge my ☐ Visa ☐ Mastercard ☐ American Express ☐ Other/Debit

Card no. _____ Exp. date _____ Security code _____

Signature _____

Billing address _____

City, state, zip _____

Phone _____ E-mail _____

Ship To (cannot ship to post office box)

Name _____ Title _____

Organization _____

Address (☐ Business ☐ Home) _____

City, state, zip _____

Phone _____

Return this form to

NCCHC • 1145 W. Diversey Parkway, Chicago IL 60614
Phone: 773-880-1460 • Fax: 773-880-2424
For express delivery, phone orders before 2 pm CT to 773-880-1460.
Or order online at www.ncchc.org.
FEIN: 36-3221830

For Office Use Only

Amount _____ Inv # _____ Date _____ LB/CR _____

Payor _____ SD _____