



**PRODUCT ORDER FORM**

Fax completed form to 843-760-6988 or  
 Email completed form to Support@EduCareInc.com

8420 Dorchester Road, Suite 102 • North Charleston, SC 29420  
 P: 843-760-6064 • F: 843-760-6988  
 E: Support@EduCareInc.com • Web: www.EduCareInc.com

**CONTACT PERSON:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

BILLING:	SHIPPING: <input type="checkbox"/> Same as Billing	PAYMENT:
Facility _____ Address _____  City _____ State _____ Zip _____	Facility _____ Address _____  City _____ State _____ Zip _____	<input type="checkbox"/> PO #: _____ <input type="checkbox"/> Invoice <input type="checkbox"/> Credit Card: <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> AmEx <input type="checkbox"/> Disc Card Number: _____ Name on Card: _____ Expiration Date: ____/____/____ 3 Digit Security Code: _____

ITEM #	ITEM	QUANTITY DISCOUNT	QUANTITY	PRICE EACH	TOTAL
BHN-Online	Breast Health Navigator Manual <i>On-Line Access for 1 Navigator</i>	\$349.95: 1 <sup>st</sup> Manual		\$ 349.95	
		\$249.95: Each additional manual purchased by the same facility		\$249.95	
<b>Order Total</b>					<b>\$</b>

For EACH Breast Health Navigator Manual purchased, please PRINT the user information below:

Manual # 1	Manual # 2	Manual # 3
Name: _____	Name: _____	Name: _____
Credentials: _____	Credentials: _____	Credentials: _____
Email: _____	Email: _____	Email: _____
Phone: _____	Phone: _____	Phone: _____

Manual # 4	Manual # 5	Manual # 6
Name: _____	Name: _____	Name: _____
Credentials: _____	Credentials: _____	Credentials: _____
Email: _____	Email: _____	Email: _____
Phone: _____	Phone: _____	Phone: _____

*Upon payment of order, each Breast Health Navigator Manual account will be activated and the individual user(s) will receive login instructions. Please allow one business day for account activation.*



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