



FOUNDATION FOR ADDICTIONS NURSING

FAN Merchandise Order Form

This information will be used in processing your request.
PLEASE PRINT CLEARLY OR TYPE.

NAME _____




ADDRESS _____

CITY _____ **STATE/PROVINCE** _____ **ZIP** _____

DAYTIME TELEPHONE _____ **TOLL FREE** _____

FAX _____ **EMAIL** _____

PURCHASE PRICE/ORDER INFORMATION

| Description | Price Member | Price Non-member | Quantity | Amount Due |
|---|--------------|------------------|----------|------------|
| FAN Pin The FAN pin is a perfect expression of your support to excellence in the field of addictions nursing.  | \$10 each | \$12 each | | |
| IntNSA Keychain  | \$ 3 each | \$ 4 each | | |
| IntNSA Mug  | \$ 6 each | \$ 8 each | | |
| Shipping Charges Orders under \$30 please add \$5 shipping Orders over \$30 please add \$7 shipping Expedited shipping via FedEx will be at your expense | | | | |
| TOTAL | | | | |

PAYMENTS MAY BE MAILED TO:
IntNSA Payment Processing Center
C/O FAN
P.O. Box 14846
Lenexa, KS 66285-4846

OR FAXED TO:
Fax (913) 895-4652

(877) 6INTNSA (646-8672)
(913) 895-4622
intnsa@intnsa.org

PAYMENT INFORMATION

- Check or Money Order enclosed Check # _____
 - Credit Card (Please circle one) Amount \$ _____
- VISA AMEX MASTERCARD DISCOVER

Cardholder Name _____

Card # _____

Expiration Date _____

Billing Address _____

Authorized Signature _____