

# TB PRODUCT ORDER FORM

You can type your information directly into this form. You will not be able to save; print before closing.

**Ship to**

Instructor Name *(required)*

Address 1

Address 2

City State Zip

Email *(required)*

**Credit Card Billing Information**

Name and address as it appears on credit card

Address 1

Address 2

City State Zip

Phone

**Payment**

Enclosed is my check for \$\_\_\_\_\_ payable to the American Lung Association in Indiana. No purchase orders please.

**Mail completed roster, order form and payment to:**

*(all three must be submitted at the same time)*

American Lung Association in Indiana  
115 W Washington St, Ste 1180-S  
Indianapolis, IN 46204

**Phone** 317-210-8553 | **Fax** 317-819-1187

**Email** TB-IN@Lung.org

**Credit Card Number**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp Date

CVV

Signature

Email of Cardholder *(receipt will be emailed to cardholder)*

**Products Available for Purchase**

Description	Unit Price	Quantity	Total
TB Basic Competency Validation Cards	\$10.00		\$
TB Instructor Course Validation Cards for New Instructors <i>(for TB trainers only)</i>	\$10.00		\$
Instructor/Trainer Renewal <i>(only available November-March)</i>	\$55.00 (Nov-Dec)		\$
Renewal Late Fee	+\$15.00 (Jan)		\$
Renewal Late Fee	+\$20.00 (Feb-Mar)		\$
Instructor's manual available online at <a href="http://www.IndianaTBEducation.org">www.IndianaTBEducation.org</a> in <i>Forms and Resources</i> .			
<b>TOTAL</b>			\$