



NATIONAL BOARD FOR
CERTIFICATION IN HEARING
INSTRUMENT SCIENCES

I.D. # \_\_\_\_\_

\_\_\_\_\_ Brochures: "Patient Information on Board Certification"
99 Or Less .75 Each = \_\_\_\_\_
100 w/ brochure holder @ \$ 60.00 = \_\_\_\_\_
250 w/ brochure holder @ \$125.00 = \_\_\_\_\_
500 w/ brochure holder @ \$200.00 = \_\_\_\_\_
\_\_\_\_\_ Brochure Holder @ \$ 15.00 = \_\_\_\_\_
(Clear Plastic (2) Pocket, (2) Tiered Upright Counter Top,
with business card holder, 4 1/8"w x 7"h x 4 1/2"d)
\_\_\_\_\_ \*Wall Certificates (11" x 14") @ \$ 15.00 = \_\_\_\_\_
NBC# \_\_\_\_\_ Date Certified \_\_\_\_\_
\_\_\_\_\_ NBC-HIS Lapel Pins @ \$ 10.00 = \_\_\_\_\_
\_\_\_\_\_ NBC-HIS Static Cling Window Decals @ \$ 5.00 = \_\_\_\_\_
(4 1/4" x 4 1/2")
Total Order: \$ \_\_\_\_\_

\* Please allow 4-6 weeks for delivery for wall certificates.

Make checks payable to: NBC-HIS (U.S. Funds Only) CHECK # \_\_\_\_\_

Visa/MasterCard ONLY: # \_\_\_\_\_

Cardholders Name: \_\_\_\_\_

Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

SHIPPING ADDRESS:

NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

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