



NATIONAL ASSOCIATION OF
CLINICAL NURSE SPECIALISTS

CNS Lapel Pin Order Form (Gold Only)

Price

\$35.00 each (\$32.00 for quantities of 15 or more) X quantity _____ = \$ _____

Shipping/handling

(\$4.00 for first 5; \$1.00 for additional quantities of 5) _____

Subtotal _____

PA Residents Add 6% Sales Tax _____

Total \$ _____

Check _____ **Check number** _____ **Check amount** \$ _____

Credit Card Visa _____ MasterCard _____ American Express _____

Account number _____ **Exp. date** _____

Name on card _____ **Security Code** _____

Signature _____ **Date** _____

Purchaser _____

Address _____

Phone Number _____ - _____ - _____

Email _____