

MammaCare® Order Form

Phone: 800.626.2273  Fax: 352.375.6111

orders@mammacare.com

Item #	Description	Quantity	Price	Total
MLS-1	Professional Learning System Skin Tone: Light or Dark		245.00	
MLS-2	Personal Learning System Skin Tone: Light or Dark Available in the following languages: <input type="checkbox"/> English _____ <input type="checkbox"/> English with open captions _____ <input type="checkbox"/> Spanish _____ <input type="checkbox"/> German _____ <input type="checkbox"/> Mandarin Chinese _____ <input type="checkbox"/> Japanese _____ <input type="checkbox"/> Korean _____		89.50	
MLS-3	Clinical Learning System Skin Tone: Light or Dark		350.00	
MLS-2YW	Personal Learning System for Young Women		145.00	
BVILS	Adaptive System for Women who are Blind or Visually Impaired		89.50	
TM-NLD-T	Combination Teaching Model (Must have MLS-1 or MLS-3)		145.00	
HPM-S	Health Program Model Skin Tone: Light or Dark <input type="checkbox"/> S1 _____ <input type="checkbox"/> S2 _____ <input type="checkbox"/> S3 _____ (Must have MLS-1)		75.00	
A-B	A-B Model (Must have MLS-2) Skin Tone: Light or Dark		75.00	
CPM-S CPM-F	Clinical Practice Model Skin Tone: Light or Dark Soft or Firm (Must have MLS-3)		89.00	
UNCES	UNC Evaluation Series (For Testing Health Professionals' Skills)		870.00	
MCLC-S	Standard Lump Display (Set of 2)		19.50	
MCLC-D	Deluxe Lump Display		89.00	
WAISF	What Am I Supposed to Feel? (Brochure)		0.50	
Subtotal				
Call for estimate of shipping & handling				
Total				

<p>Ship to information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>City: _____ State: _____</p> <p>Zip: _____ Country: _____</p> <p>Phone: _____ Fax: _____</p> <p>E-mail: _____</p>	<p>Bill to information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>City: _____ State: _____</p> <p>Zip: _____ Country: _____</p> <p>Phone: _____ Fax: _____</p> <p>E-mail: _____</p>
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<p>Payment Information</p> <p><input type="checkbox"/> Credit Card (all major cards accepted)</p> <p>Credit Card Name and Number: _____</p> <p>_____</p> <p>Expiration Date _____ CVV # _____</p>		<p><input type="checkbox"/> Invoice me</p> <p>P.O. # _____</p> <p><input type="checkbox"/> Payment enclosed (Please make checks payable to Mammatech)</p>	
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