



Massachusetts Pain Management Pocket Tools Order Form

MASSACHUSETTS
PAIN INITIATIVE IN
PARTNERSHIP WITH
THE AMERICAN
CANCER SOCIETY

30 Speen Street
Framingham, MA
01701-9376
Tel: 508.270.4653
Fax: 508.270.4921

Ship to:

Name:	
Organization	
Street Address:	
City/State/Zip Code:	
Telephone	
Email address:	

Charges for pocket tools:

5 pocket tools	Free
6-100 pocket tools	\$1 each
Over 100 pocket tools	\$1 for first 100, \$.50 ea. add'l tool

Send me: _____ pocket tools		\$
Shipping & Handling: Under 100	FREE	FREE
Over 100	\$20	\$
	TOTAL Amount Due	\$

Method of Payment

<input type="checkbox"/>	Check enclosed (Payable to American Cancer Society, MassPI Fund)
<input type="checkbox"/>	Credit Card – VISA
<input type="checkbox"/>	Credit Card – Mastercard
<input type="checkbox"/>	Credit card information:
<input type="checkbox"/>	Cardholder's name:
<input type="checkbox"/>	Account Number:
<input type="checkbox"/>	Expiration Date
<input type="checkbox"/>	Cardholder's billing address (required):

Mail this form to:

E-Mail: Virginia.Newell-Stokes@bhs.org

Regular Mail:

Ginger Newell-Stokes MS, RN
Clinical Nurse Specialist
Baystate Franklin Medical Center
164 High St.
Greenfield, Ma. 01301