



# Massachusetts Pain Initiative

A Member of the Alliance of State Pain Initiatives

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## MASSACHUSETTS PAIN INITIATIVE – PAIN MANAGEMENT POCKET TOOLS ORDER FORM

**SHIP TO:** All blue shaded areas are form fields that can be completed online; most of the order details will be automatically calculated

Name:	
Organization:	
Street Address:	
City, State & Zip Code:	
Telephone:	Ext. or Add'l. Telephone:
Email Address:	

### CHARGES FOR POCKET TOOLS:

Quantity of Pocket Tools	Free Order (1 - 5)	First 100 Paid (6 - 100)	Costs for the Additional <i>After</i> the First 100 Paid	
			Up to 400 More Paid (Use if 1 - 400 Add'l)	Up to 900 More Paid (Use if 401 - 900 Add'l)
Pocket Tool Cost (each)	Free	\$1.00	\$0.50	\$0.50
Shipping & Handling Cost	Free	\$5.00	\$20.00 <b>OR</b>	\$30.00

**PLEASE COMPLETE POCKET TOOLS ORDER:** Enter quantities to reach desired total *plus* correct shipping charge from chart above

Quantity of Pocket Tools	Free Order (1 - 5)	First 100 Paid (6 - 100)	Additional Up to 900 Paid (Enter 1 - 900 Additional; Use Only for Quantities After the First 100 Paid)	Total Order
Total Quantity	+	+	=	
Cost Per Pocket Tool	Free	\$	\$	--
Pocket Tool Cost	Free	\$	\$	\$
Shipping & Handling Cost	Free	\$	\$	\$
Total Cost	Free	\$	\$	\$

**PLEASE CLICK OR CHECK METHOD OF PAYMENT:** No cash please

	Check Enclosed (Make payable to: <i>American Cancer Society, MassPI Fund</i> )	
	Credit Card - VISA	Signature
	Credit Card - MasterCard	
All information is required for VISA or	Cardholder's name:	
	Account Number:	
	Expiration Date:	3-Digit Security Code: (Back of card after signature)
	Cardholder's Billing Address (required):	
	City:	State:

**COMPLETE, PRINT, AND MAIL OR FAX TO:**

Ginger Newell-Stokes, MS, RN  
 Clinical Nurse Specialist  
 Baystate Franklin Medical Center  
 164 High Street  
 Greenfield, MA 01301  
 (413) 773-2153 (fax)

**Please do not send this form with credit card information in an email as it is not secure.**

**We are only able to accept checks, VISA or MasterCard for payment.**

**QUESTIONS & SHIPPING FOR 500+:**

Send email to  
[Virginia.Newell-Stokes@baystatehealth.org](mailto:Virginia.Newell-Stokes@baystatehealth.org)