

Mail To:

Product Order Form



7937 Corte Domingo, Carlsbad, CA 92009
 Telephone: (760) 942-0647
 www.jiscs.com

Date: ___/___/___

Fax To:

253-588-1622 (no cover page necessary)

NOTE: Payment must be RECEIVED before product can be shipped.

QTY	PRODUCT	PRICE	- Shipping & Handling -	
	Jones Text Book (English)	43.00	- U.S. Priority Mail - PRODUCT TOTAL = S & H \$ 0.00 - \$ 30.00 = \$ 9.50 \$ 30.01 - \$ 45.00 = \$ 10.50 \$ 45.01 - \$ 65.00 = \$ 13.50 \$ 65.01 - \$ 80.00 = \$ 15.50 \$ 80.01 - \$ 100.00 = \$ 18.00 \$ 100.01 - \$ 150.00 = \$ 20.00 \$ 150.01 - \$ 200.00 = \$ 23.00 \$ 200.01 - \$ 250.00 = \$ 25.00 \$ 250.01 - \$ 300.00 = \$ 27.00 \$300.01+ or Delivery Options? -Call Us!	
	Compendium, Clinical Applications Book	116.00		
	Digital SCS Portable Timer	12.00		
	FLIP CHART SERIES (Set of 1-4)	49.99		
	1-Spine Flip Chart	14.99		
	2-Upper Extremities Flip Chart	14.99		
	3-Lower Extremities Flip Chart	14.99		
	4-Cranial Flip Chart	14.99		
	5-Visceral Flip Chart	14.99		
	Pelvic TenderPoint Chart	14.99		
	*Arterial Flip Charts (Set of 6)	59.00		
	*Neuro Flip Charts (Set of 5)	49.00		
	Cranial Scan Card	15.00		
	POSTER SERIES (Set of 1-4)	79.99		Posters ship for FREE when ordered at a course!
	1 - Spine Poster	22.99		
	2 - Upper Poster	22.99		
	3 - Lower Poster	22.99		
	4 - Cranial Poster	22.99		

PRODUCT TOTAL: _____

S & H TOTAL: _____

SALES TAX: _____
 (8.75% - CA Residents only)

ORDER TOTAL:

* Must have completed these courses to purchase items.

- - - - - PLEASE PRINT & COMPLETE ALL INFORMATION - - - - -

BILL TO:	NAME:	PO#:
COMPLETE ADDRESS:		
WORK TEL:	HOME TEL:	EMAIL: (Order confirmation is sent to your email, please provide.)

SHIP TO: <input type="checkbox"/>	NAME:	
✓ if Same as Bill To		
COMPLETE ADDRESS:		
WORK TEL:	HOME TEL:	EMAIL: (Order confirmation is sent to your email, please provide.)

PAYMENT:	NAME ON CHECK/CARD (if different):	<input type="checkbox"/> CASH or CHECK #:
VISA / M/C / DISC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EXP DATE (mm/yy): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

CSV Code:	<input type="text"/> <input type="text"/> <input type="text"/>
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PLEASE double check totals on each line AND payment information above.
Thank you!

Prices/Policies subject to change at Jones Institute management discretion. Please visit our website for current prices/policies.