Name Tag Order Form

PIN Tag-$6.25 MAGNET Tags-$9.25

Name:_____ Phone:_____

Address:_____

City/State/Zip:_____

# of PIN Tags _____ x 6.25 _____

# of MAG Tags _____ x 9.25 _____

8.5% TAX _____

***ADD $2.00 if tag is being shipped to you _____

TOTAL _____

(NAME TAGS WILL NOT BE ORDERED WITHOUT PAYMENT)

MR. / MRS. /MISS / MS._____

(PRINT NAME ABOVE AS SHOULD BE READ ON TAG)

FACULTY: PLEASE INDICATE AT THE END OF YOUR NAME ABOVE YOUR HIGHEST ACADEMIC CREDENTIAL AND LICENSE AND/OR CERTIFICATION.

(CIRCLE ONE)

AASN STUDENT	**CLINICAL INSTRUCTOR**	**FNP STUDENT**	**RT FACULTY**
BSN STUDENT	**DIETETICS FACULTY**	**NURSING FACULTY**	**RT STUDENT**
CLS STUDENT	**DIETETICS STUDENT**	**PT FACULTY**	**TEACHER INTERN**
CLS FACULTY	**DPEM STUDENT**	**PT STUDENT**	

MAIL TO: ASU BOOKSTORE
ATTN: NAME TAGS
P.O. BOX 300
STATE UNIVERSITY, AR 72467-0180

PIN-10050941 MAG-10050934