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