



MASSACHUSETTS PAIN INITIATIVE

In Partnership with Hope Health, Inc.

(508) 957-0200
 info@MassPainInitiative.org
 www.MassPainInitiative.org

Mailing Address:
 P. O. Box 164, Berlin, MA 01503

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 <i>OR</i> | \$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>Mass Pain Initiative</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 TO:
 Massachusetts Pain Initiative
 c/o Hope Health, Inc.
 P. O. Box 164
 Berlin, MA 01503

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: info@masspaininitiative.org