



**MASSACHUSETTS PAIN INITIATIVE**

*In Partnership with HopeHealth, 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:**

*Please complete all boxes before submitting.*

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)	First 99 Paid (2 - 100)	Costs for the Additional <i>After</i> the First 99 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	\$0.70	\$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)	First 99 Paid (2 - 100)	Additional Up to 900 Paid (Enter 1 - 400 and 401 - 900 Additional; Use Only for Quantities After the First 99 Paid)		Total Order
Total Quantity	1	+	+	+	=
Cost Per Pocket Tool	Free	\$1.00	\$ 0.70	\$ 0.50	--
Pocket Tool Cost	Free	\$	\$	\$	\$
Shipping & Handling Cost	Free	\$5.00	\$20.00	\$30.00	\$
Total Cost	Free	\$	\$	\$	\$

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

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

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

Massachusetts Pain Initiative  
 c/o HopeHealth, 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](mailto:info@masspaininitiative.org)