

Fill-in and Mail Order to:



Hemodialysis, Inc. (Hi)
 710 West Wilson Avenue
 Glendale, CA 91203-2409
 Voice: 818-500-8736
 Facsimile: 818-500-9452

Last Name _____

First Name _____

Mailing Address _____

City _____

State _____ Zip Code _____

Phone _____

Title: RN LVN PCT/CHT MD Other _____

License # _____ SS#* _____

*SS# **ONLY** if your state does not require a certification or license number

ITEM	QTY	Price	Mailing	CA Tax*	Subtotal
<i>Principles of Dialysis</i>		\$99.95	\$12.95	\$9.75	
<i>Blood and Uremia</i>		\$99.95	\$12.95	\$9.75	
<i>Monitors in Hemodialysis</i>		\$99.95	\$12.95	\$9.75	
<i>Hemodialysis Nursing Syllabus</i>		\$210.00	\$12.95	\$20.48	
Total Amount for all items \$: *California Residents only; sales tax 9.75%					

Special Items

<input type="checkbox"/> FedEx Mailing , only in USA. Add fifty dollars (\$50.00)	\$50.00
<input type="checkbox"/> Special Handling , only in USA. Add fifty dollars (\$50.00) if you need the 30 Contact Hour Certificate <i>in less than 4 weeks.</i>	\$50.00
<input type="checkbox"/> International Shipping . Call 818-500-8736 for rates.	
GRAND TOTAL:	

Method of Payment

Check— Payable to Hemodialysis, Inc. Allow 10 days for check to clear.

VISA

MasterCard

Credit Card # Card # _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Exp. _ _ / _ _

Signature _____