



Priority Health Education

where your success is our priority

ORDER FORM

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

Credit Card Number & Type of Card: (Please Circle) Master Card Visa Discover

Expiration Date: _____

CSC Number: (The 3-digit number located on the back of the card) _____

PRODUCT	QTY	PRICE	SHIPPING (each)	TOTAL
Essentials of Polysomnography		\$154.95	\$15.00	
The Sleep Technician's Flash Cards		\$29.95	\$5.00	
The Sleep Technician's Pocket Guide		\$29.95	\$5.00	
Q & A About Sleep Apnea		\$19.95	\$5.00	
100 Q & A About Sleep & Sleep Disorders		\$16.95	\$5.00	
Rapid Sleep Reference Card		\$3.95	\$1.00	
The EKG Handbook		\$24.95	\$5.00	

Signature: _____ Date: _____

Priority Health Education, PO Box 3267, Chester, Virginia 238312-9442

www.PriorityHealthEducation.com Fax 866-422-0580