



To receive member pricing, a valid non-expired membership ID number must be provided

CUSTOMER SHIPPING INFORMATION

First Name Last Name Institution's Name (if applicable) Member ID # (if applicable)

Shipping Address (Note: we cannot ship to P.O. boxes) City/State Zip Code

Phone (required) Email (required)

For every 10 of the same title purchased, you will receive 1 additional complimentary

Table with columns: Quantity, Item Price per item line (Member/Non-Member), Total Item Charge. Rows include Central Service, Endoscope Reprocessing, Instrument Specialist, Healthcare Leadership, and AAMI courses.

SHIPPING & HANDLING FEES

Table with columns: Merchandise Total, USA Ground, Canada Ground, Overseas Standard. Rows show fee ranges from \$0-\$15 to \$2501+.

TERMS AND CONDITIONS -

- All orders are processed within 2-3 business days. You will receive a shipment confirmation with tracking information once your order has been shipped.
HSPA does not offer expedited shipping and cannot ship to P.O. Boxes.
HSPA is not liable for products damaged or lost during shipping, and all inquiries for damaged or lost products will be referred to the shipment carrier to file a claim.
Requests for refunds/returns must be received within 7 days of delivery date.
All customs or duty fees for Canada and overseas orders are the responsibility of the purchaser and are not included with merchandise charges.

Summary table with rows: Sub-Total, Tax (if applicable), Shipping, Grand Total Due. Includes instructions on how to calculate each row.

SHIPPING NOTES

CUSTOMER BILLING INFORMATION - Please return to: HSPA, 55 West Wacker Drive, Suite 501, Chicago, IL 60601

HSPA does not accept credit card orders via fax. Acceptable payments are: Check, Money Order or Credit Cards (Visa, MasterCard, Discover, or American Express).

My check, money order, or bank draft is enclosed, made payable to HSPA My credit card is to be charged, and I have supplied ALL requested information below:

Credit Card Number Expiration Date CVV Number

Printed Card Holder's Name Card Holder's Signature Date Email for receipt