

ORDER FORM

Purchase Order Number (If Applicable), and please attach Purchase Order to Order Form:


Name & Institution: _____

Address: _____

City: _____ State & Zip Code: _____ Country: _____

Phone: _____ Fax: _____

E-mail Address: _____ Date: _____

FLS Packages [^]	Qty.	SAGES / ACS Members	Non-Members	S/H PER ITEM [†]	Total
Individual Package Individual FLS Online Access & 1 Testing Voucher		\$495	\$545	\$10	
Education Package A FLS Online Access for 3 Users & 3 Testing Vouchers		\$1415	\$1555	\$15	
Education Package B FLS Online Access for 5 Users, 5 Testing Vouchers, & 1 FLS Trainer Box		\$3115	\$3425	\$35	
Education Package C FLS Online Access for 5 Users, 5 Testing Vouchers, On-Site Proctor* & 1 FLS Trainer Box		\$4715	\$5185	\$35	
Additional Items Available with Purchase of Package A, B, or C					
Additional FLS Online Access for 1 User		\$100	\$125	\$5	
Additional Test Vouchers		\$350	\$375	\$5	
Trainer Box, Accessory Kit & Individual Items					
Laparoscopic Trainer Box		\$1800	\$2200	\$30	
Suture Block (ea.)		\$20	\$20	\$5	
Dexterity Peg Board (ea.)		\$70	\$70	\$5	
Penrose Drains (100 per bag)		\$65	\$65	\$5	
Red Foam Appendages (15 per bag)		\$52.50	\$52.50	\$5	
Single Circle "Testing Gauze" (100 per bag) <input type="checkbox"/> _____ Qty	Double Circle "Training Gauze" (100 per bag) <input type="checkbox"/> _____ Qty	\$35	\$35	\$5	
Single Circle Stamp (ea.) <input type="checkbox"/> _____ Qty	Double Circle Stamp (ea.) <input type="checkbox"/> _____ Qty	\$25	\$25	\$5	
RETEST FEE: Name _____ Voucher # _____ *** ***If more than one Retest Fee, please include an attachment listing Full Names and Voucher Numbers		\$95	\$95	\$0	
 **International deliveries may include additional shipping fees. SAGES is not responsible for customs surcharge or import tax				SUBTOTAL	
Tax: _____ All California Purchasers please add 9.25% Sales				Tax if Applicable	
[^] All Packages include Information Bulletin & test registration instructions. See FLS brochure or www.flsprogram.org for details				TOTAL DUE	\$

*On-site proctor single-day visit. Price includes proctor transportation. Price does not include additional required proctor hotel/meal expenses. Additional days may be purchased. Maximum of 7 Test Candidates may be accommodated in one day.

Visa MasterCard - Number (+ 3 digit # on back of card) _____ Exp. _____

Cardholder Name _____ Signature: _____

I have enclosed a check made payable to **SAGES** I have enclosed a money order to **SAGES** (for international orders)
 I am a SAGES Member I am an ACS Member

Fax, mail or e-mail orders accepted. *Payment must accompany order form.* Please allow 1-2 weeks for delivery.
SAGES, FLS Program **Fax orders to: Attn: FLS Program, (310) 437-0585**
11300 W. Olympic Blvd., Suite 600, Los Angeles, CA 90064 **E-mail orders to: fls@sages.org**