

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 # _____ *** | | \$95 | \$95 | \$0 | |
|  **International deliveries may include additional shipping fees. SAGES is not responsible for customs surcharge or import tax | | | | SUBTOTAL | |
| Tax: _____ | | | | 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: sarah@sages.org**