



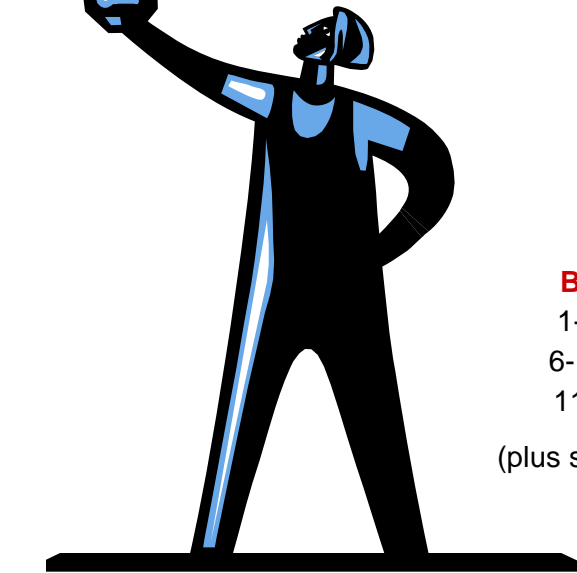
EMERGENCY MEDICINE INTERN STARTER KIT

Available only through EMRA at www.emra.org

Be prepared for your first shift in the ED!



Makes a great gift for anyone working in Emergency Services!



BULK PRICING

1-5 kits = \$29.95
6-10 kits = \$27.95
11+ kits = \$25.95

(plus shipping & handling)



EMRA's *EM Intern Starter Kit* is a convenient bundle of the most commonly used tools in the emergency department. Developed by residents with a goal of maximum utility, this compact holster is perfect for anyone just getting started in emergency medicine, but also provides a great solution for any seasoned veteran looking for a more convenient way to carry it all.

The four-pocket trauma holster includes:

- Metal hip clip that attaches directly to scrubs - no belt required.
- Trauma shears, reflex hammer, pen, pen-light (AAA batteries included)
- Stethoscope Accessories: Name tag, stethoscope clip that can be attached to pocket of holster or worn separately (stethoscope not included), and an antimicrobial stethoscope diaphragm to help protect your patients from many bacteria, including MRSA!

The EM Intern Starter Kit is unsponsored, thus removing any hint of a conflict of interest from pharmaceutical/biotechnology gifts in your training program. Questions? Prefer to order by phone? Please call Griffin Achilles at 866.566.2492 ext. 3275 or email gachilles@emra.org. Or, fax order to 972.580.2829



Emergency Medicine Residents' Association
EM Intern Starter Kit Order Form



Bulk Pricing:

1-5 kits: \$29.95 each
6-10 kits: 27.95 each
11+ kits: 25.95 each

Shipping Fee Applies:

*Based on current postal rates & weight of package. Current rate for 1 kit is \$5 (less per item for subsequent kits).
EMRA only charges you for the exact shipping incurred. International orders are accepted.
Contact gachilles@emra.org if you need an exact shipping quote.*

I'd like to order _____ Kits at \$_____ each for a total of \$_____ (plus shipping).

Program/Hospital: _____

Contact Name: _____

Shipping Address: _____ Billing Address: _____

Phone: _____ Email: _____

Method of Payment: Check is enclosed – Mail form & check to: 1125 Executive Circle, Irving, TX 75038
(Please contact for shipping estimate beforehand)

Please Invoice Me
(Kit will be sent *after* payment is received)

Credit:
 Visa Master Card American Express

Card #: _____ Expiration Date: _____

Signature: _____

Complete and fax to: 972-580-2829 or email to: gachilles@emra.org