



## EMRA PUBLICATIONS BULK PURCHASE ORDERS

Contact Name: \_\_\_\_\_  
 Email: (required for confirmation) \_\_\_\_\_  
 Phone: \_\_\_\_\_

<b>DISCOUNT PRICING:</b> 5-10 COPIES: 5% 11-24 COPIES: 10% 25-49 COPIES: 15% 50+ COPIES: 20%	<b>MEMBERSHIP:</b> <input type="checkbox"/> EMRA MEMBER <input type="checkbox"/> ACEP MEMBER <input type="checkbox"/> NON-MEMBER
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BULK DISCOUNTS ARE NOT AVAILABLE FOR SALE ITEMS

Qty	Item	Price	Discount	Adjusted Price	Line Total	
					Shipping	TBD
					Total	

BILL TO:	SHIP TO:
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\* Shipping is estimated by weight. Insurance is available upon request and is subject to an additional fee.

Return this form to EMRA via Mail, Email or Fax: 972.692.5995  
**Send Check Orders To:** (Make payable to EMRA)  
 Emergency Medicine Residents' Association PO Box 619911 Dallas, TX 75261

**Payment must accompany order:**     Discover     Visa     MasterCard     American Express

Name on Card: \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Supervisor Approval \_\_\_\_\_