

Tennessee Pharmacists Association — PATIENT COUNSELING LOG ORDER FORM —

NAME: _____ LICENSE _____

SHIPPING ADDRESS: _____

PHARMACY NAME: _____ STORE # _____

PHONE: W _____ H _____

FAX: _____ E-MAIL: _____

QUANTITY	ITEM DESCRIPTION	COST	TAX (9.25%)	SHIPPING	TOTAL
_____	5x7 Patient Counseling Logs (1-4)	\$10.75	\$ _____	\$4.75	\$ _____
_____	5x7 Patient Counseling Logs (5-9)	\$9.75	\$ _____	\$6.75	\$ _____
_____	5x7 Patient Counseling Logs (10+)	\$8.75	\$ _____	\$7.75	\$ _____
_____	Patient Counseling Record/3rd Party Rx Log (1-4)	\$11.95	\$ _____	\$2.50	\$ _____
_____	Patient Counseling Record/3rd Party Rx Log (5-9)	\$10.95	\$ _____	Included	\$ _____
_____	Patient Counseling Record/3rd Party Rx Log (10+)	\$9.95	\$ _____	Included	\$ _____

TOTAL AMOUNT OF ORDER \$ _____

I understand that by providing my mailing address, e-mail address, telephone number and/or fax numbers, I consent to receive communications sent by or on behalf of the Tennessee Pharmacists Association (and its subsidiaries and affiliates, including its Societies and District organizations) via regular mail, email, telephone, or fax.

Signature _____

Date _____

Make Checks Payable to: TENNESSEE PHARMACISTS ASSOCIATION (Payment must accompany order.)

Name on Cardholder Account (please print) _____

Account No. _____

Expiration Date _____

MasterCard Visa AmEx

Signature (required) _____

Date _____

Billing Address (if different) _____

Security Code (required): 3 digits after card number on back of Visa and MasterCard; 4 digits above card number on front of American Express

Please fax to 615.255.3528 or 800.214.2256, or mail to TPA, 500 Church St., Suite 650, Nashville, TN 37219.
If you have questions, please call TPA at 615.256.3023.