# Obstetric Patient Safety Order Form

<table>
<thead>
<tr>
<th>Qty</th>
<th>ISBN</th>
<th>Title</th>
<th>Ed</th>
<th>Price</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Student Materials</strong></td>
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<td></td>
<td><strong>Obstetric Patient Safety Classroom Course for Postpartum Hemorrhage Student Materials</strong></td>
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<tr>
<td>1</td>
<td>978-1-5249-5175-7</td>
<td>Course ID ______________________ (required)</td>
<td>1st</td>
<td>$90.00</td>
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<td></td>
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<td>Course Date ______________________ (required)</td>
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<td></td>
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<td><strong>Instructor Material</strong></td>
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<tr>
<td>1</td>
<td>978-1-5249-5171-9</td>
<td><strong>Obstetric Patient Safety Classroom Course for Postpartum Hemorrhage Instructor Material</strong></td>
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<tr>
<td></td>
<td></td>
<td>(The Instructor Material includes a hard copy of the Student Materials. It does not include an electronic copy of the student materials on the USB drive.)</td>
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<td>AWHONN Instructor ID Number: ______________________ (required)</td>
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<td>Course Date ______________________ (required)</td>
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**Subtotal**

**Sales Tax:** Add appropriate sales tax if the order will be shipped to: AL, AR, AZ, CA, CO, CT, FL, GA, IA, IL, IN, KS, KY, LA, MA, MD, MI, MN, MO, NC, NE, NJ, NM, NV, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WV, WY, Washington, D.C., and Canada (GST). **If you are tax exempt, you must include an exemption certificate to make a tax-exempt purchase.** Sales tax on freight charged where applicable. This list of sales tax states is subject to change.

**Freight Charges:** Orders will ship within the contiguous U.S. via UPS Ground. International or Canadian customers - call for a freight estimate. If your order totals $76.00 - $100.00 add $11.00; $101.00 - $150.00 add $13.00; $151.00 - $200.00 add $15.00; $201.00 - $300.00 add $17.00; $301.00 - $450.00 add $19.00; over $450.00 estimate 10% of your total order. **FREIGHT**

**Handling:** Apply to credit card orders only. **(42290)** $5.00

**TOTAL**

Purchase orders must show Kendall Hunt Publishing as the vendor. **Please attach your purchase order to this form.**

**To place an order:**

**Email:** orders@kendallhunt.com

**Visit:**

**Fax:** 1-800-772-9165

**Call:** 800-338-8290 (7:30 a.m. - 5:00p.m. CT/Monday - Friday)

**Mail this form:** Kendall Hunt Publishing Company, 4050 Westmark Drive, Dubuque, IA 52004-1840

**Bill to:**

Organization/Name:_____________________________________

Address:_______________________________________________________________________

City:___________________________________ State:_______________ Zip Code:__________

Telephone:_________________ Fax:_________________ Email address:_________________
Ship to: (only if different from “Bill to”)

Organization/Name: __________________________________________
Address: _____________________________________________________ (No P.O. Boxes)
City: ___________________________ State: ___________ Zip Code: __________
Telephone: ___________________ Email address: _______________________

Method of Payment (Sorry, no C.O.D.s)

☐ Check/Money Order enclosed (make payable to Kendall Hunt Publishing Company)

*Please ensure checks include freight charges and tax (if applicable) to avoid delays in processing.

Credit Card:  ☐ Corporate  ☐ Personal  ☐ MasterCard  ☐ Visa  ☐ American Express

Corporate Name on card: ______________________________________
Personal Name on card: ______________________________________

Card Number: ___________________________ Expiration Date: Month__________ Year ______

CCV Code: __________

Signature: __________________________________________

AWHONN

OB PATIENT SAFETY
Postpartum Hemorrhage