

# First, Do No Harm<sup>®</sup>

Fax the completed form to 1-630-858-6179,  
or mail this form with your payment to:

**p4ps**

One W. Superior Street, Suite 2410  
Chicago, IL 60610

### Shipping:

All videos are shipped UPS Ground. Please call or email for expedited or international shipping calculation; otherwise, shipping will be added automatically. We cannot deliver to PO Boxes or PO zip codes.

For more information or to inquire about bulk sales, send an email to [orders@p4ps.org](mailto:orders@p4ps.org) or call 1-630-881-1695.

PLEASE PRINT CLEARLY

### Shipping Address

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Check if shipping is a residential address.

Check if shipping and billing addresses are the same.

### Credit Card Billing Address

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## Order your copy now.

Please Send Me:

\_\_\_\_\_ copies of Part 1 VHS/DVD at \$795 each \$ \_\_\_\_\_

\_\_\_\_\_ copies of Part 2 VHS/DVD at \$795 each \$ \_\_\_\_\_

\_\_\_\_\_ copies of Part 3 VHS/DVD at \$795 each \$ \_\_\_\_\_

\_\_\_\_\_ complete set: includes copies of  
Parts 1, 2, & 3 at \$2,095 each \$ \_\_\_\_\_

Add 9.0% sales tax if shipping to an  
Illinois address \$ \_\_\_\_\_

Purchase order surcharge of \$5.00 \$ \_\_\_\_\_

Shipping to U.S. location:

1 VHS/DVD = \$16.95

2 VHS/DVDs = \$24.95

3 VHS/DVDs = \$30.95 \$ \_\_\_\_\_

Non-profit & educational organizations  
receive 15% discount off list price.

Government organizations 10% discount  
off list price. \$ \_\_\_\_\_

Promotional Discount \$ 50

TOTAL \$ \_\_\_\_\_

Promotional Code \_\_\_\_\_ PSQH \_\_\_\_\_

Payment :

Check (payable to p4ps) Check# \_\_\_\_\_

Purchase Order (\$5.00 additional processign fee) PO# \_\_\_\_\_

Please charge my:

Visa  MC  American Express

Credit Card Number:

\_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Signature:

\_\_\_\_\_

**p4ps**<sup>®</sup>  
Partnership for Patient Safety<sup>®</sup>

**CAPTAINS OF INDUSTRY**<sup>®</sup>  
Strategic Marketing Communications