Item		Price	Quantity	Total Price
Full Kit (includes all items below, plus a carrying bag)	MANUE ROUNDED PROVACE NOT RECORCE NOT REC	\$65		<u>\$</u>
Medical Communication Cards		\$15		<u>\$</u>
Pediatape	Objective of the second of the	\$20		
Quick tape	MARION PORTOR DESCRIPTION OF THE PROPERTY OF T	\$9		
Pedi Wheel	PEDIATRIC EMERGENCY POCKET REFERENCE The VIPE BILL SEXTER SERVICES AND ADMINISTRATION OF THE CONTROL CARD ADMINISTRATION OF THE CONTROL CARD ADMINISTRATION OF THE CONTROL CARD ADMINISTRATION OF THE SECOND PROBLEM CONTROL CARD ADMINISTRATION OF	\$18		
		•	Total:	_\$
Agency:		Contact Pe	erson:	
		Phone Number:		
	xpense of your agency):			
Payment Method: □ Checl	c payable to STHCS ☐ Cred	dit Card – P	ayPaI (will includ	e credit card processing fees)

<u>DISCLAIMER</u>: Southern Tier Health Care System reserves the right to cancel all orders if the minimum order number is not reached. Orders must be received by Wednesday, December 1, 2021. Please submit this order for to Alicia at stems@sthcs.org or by mail to 150 N. Union St., Olean, NY 14760.

email to send PayPal invoice to: _____