

EMERGENCY HEALTH SERVICES FEDERATION, INC.
ORDER FORM
Regional Patches (Southcentral)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Certification Level: EMT _____ Paramedic _____ EMT Instructor _____

Certification No.: _____ Expiration Date: _____

I certify the above information is true and correct, and the Patches/Rockers are to be used solely by me. I understand this order is subject to verification.

 (Signature)

Description of Patch/Rocker:	Quantity	Unit Price	Total
Regional EMS Patch (Southcentral Pennsylvania)	_____	\$ 2.75	_____
EMT Rocker	_____	\$ 1.60	_____
EMT-P Rocker	_____	\$ 1.60	_____
Instructor Rocker	_____	\$ 1.60	_____
Evaluator Rocker	_____	\$ 1.60	_____
County Rockers: Adams, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry, York	_____	\$ 1.60	_____

POSTAGE:

01-05 Patches \$ 1.19
 06-17 Patches \$ 1.61
 18-23 Patches \$ 1.82
 01-15 Rockers \$.98
 16-30 Rockers \$ 1.19

TOTAL: _____
6% SALES TAX: _____
HANDLING: 1.50
POSTAGE: _____
TOTAL ENCLOSED: _____

MAIL YOUR CHECK OR MONEY ORDER PAYABLE TO: EHSF
722 Limekiln Road
New Cumberland, PA 17070-2354

*****NOTE: ALL RETURNED CHECKS ARE SUBJECT TO A \$25.00 SERVICE CHARGE*****