

# EMS REGION III MEGACALL™ EMD TRAINING Medical Index Flip-File Order Form

NAME (FIRST AND LAST NAME)																			
MAILING ADDRESS																			
CITY										STATE					ZIP CODE				
DAYTIME PHONE NUMBER										EMAIL ADDRESS									
EMD AGENCY AFFILIATION																			

PLEASE CHECK APPROPRIATE BOX(S) AND LIST NUMBER OF MANUALS:

<input type="checkbox"/> MEDICAL INDEX CARDS WITH BINDER	# _____	<input type="checkbox"/> MEDICAL INDEX CARDS ONLY	# _____
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METHOD OF PAYMENT: Please check appropriate box	
<input type="checkbox"/> Money Order - # <input type="checkbox"/> Purchase Order – Original PO must be attached <input type="checkbox"/> Check - # <input type="checkbox"/> Cash	Charge to: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Account Number: Expiration Date: Card Holder Name:

AGENCY / DEPARTMENT PURCHASE ORDER INFORMATION: PO must be attached!	
Paying Agency:	City, State, Zip:
Contact Person:	Daytime Phone:
Billing Address:	PO Number:

**Fees for MegaCall™ EMD Medical Index Cards are listed below.**

EMD Medical Index Cards with Flip-File Leather Binder .....\$150.00  
 EMD Medical Index Cards Only .....\$75.00

***Return order form with appropriate payment to:***

**EMS REGION III, MEGACALL™, PO BOX 1895, CLOVIS, NM 88102-1895  
 OR FAX TO (505) 769-3485**

**\* \* DIRECT ALL QUESTIONS TO EMS REGION III AT 505-769-2639 \* \***

* * * FOR EMS REGION III USE ONLY * * *																			
Date Order Received										Date Registrant Index Manual(s) Mailed									
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Total Payment										Type of Payment (PO, check, cash, credit card, money order)									