

# HEAT<sup>SM</sup> CLINICAL PRACTICE GUIDELINE: IDENTIFYING AND PREVENTING OVERWEIGHT IN CHILDHOOD AND HEAT RESOURCE KIT ORDER FORM

Pediatric Nurse Practitioner Identifying and Preventing Overweight in Childhood Clinical Practice Guideline



ALL ORDERS MUST BE PREPAID.

Checks and money orders should be made payable to NAPNAP Foundation HEAT Initiative. New Jersey and Florida Residents must add 6% Sales Tax. Shipping & Handling Fee is \$8.10 per each item ordered.



	<u>Price</u>	<u>Quantity</u>		<u>Total \$</u>
<b><u>MEMBER PRICING:</u></b>				
HEAT CPG/Resource Kit combo –	<b>\$75 SAVE \$10</b>			
HEAT CPG Only -	<b>\$50</b>			
Resource Kit Only -	<b>\$35</b>			
<b><u>NON MEMBER PRICING</u></b>				
HEAT CPG/Resource Kit combo –	<b>\$105 SAVE \$10</b>			
HEAT CPG Only -	<b>\$65</b>			
Resource Kit Only -	<b>\$50</b>			

New Jersey and Florida Residents must add 6% Sales Tax	\$
Shipping & Handling Fee: Please add \$8.10 per item ordered	\$
<b>Total Amount</b>	<b>\$</b>

**Mail My Purchase To:**

<b>Name:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	<b>(H) (W)</b>
<b>E-Mail:</b>	
<b>Member Name And Number (if applicable):</b>	

**Send check or money order to:** NAPNAP Foundation – HEAT Initiative  
20 Brace Road, Suite 200, Cherry Hill, NJ 08034-2634

**Or fax to:** 856-857-1600

Payment Method: <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Total Amount to be charged: \$ _____	AP # _____ Date Processed: __/__/__
Card Number: _____	
Expiration Date: __/__/__	Signature: _____ Taken by phone: <input type="checkbox"/> Initials: ____