CVMA Mentoring Presentation Kit Order Form

Date:				
Name:				
Shipping Address:				
Phone Number:				
CVMA Membership ID#:				
	Ite	ms	QTY	COST
Kits @ \$8 each (CVMA	members or	nly)		
Kits @ \$18 each (non-r	member)			
Subtotal:				
Shipping & Handling Order-Subtotal \$0 - \$30.00 \$30.01 - \$70.00	Add \$ 7.00 \$11.00			
\$70.01 - \$100.00	\$12.00	(***7.750/ 0.050/) 0.1		
\$100.01 - \$130.00	\$13.00	(**7.75% or 8.25%) Sal		
\$130.01 - \$160.00	\$14.00	Shipping & Ha	andling:	
\$160.01 - \$200.00 \$200.01 and over	\$15.00 \$16.00		Total:	
* Tax is calculated at 7.75% outside of Sacramento county and 8.25% in Sacramento County Payment and Shipping Information				
☐ Check enclosed mad	de payable to	CVMA		
☐ Mastercard ☐ Vis	sa 🗆 Dis	cover		
Card Number:				p. Date:
CVV Code (3 digits on signature line on back of card):				
Signature:				ate:

Please send in your check with this form to the California Veterinary Medical Association
• 1400 River Park Drive, Suite 100 • Sacramento, CA 95815
Or provide credit card information and fax this form to 916.646.9156