

# Radiological Training Services, LLC

*Training Videos To Meet Specific Needs*

## ORDERING INFORMATION

**There are three ways to order:**

1. Call us at **1-800-222-4716**  
Mention visiting our Web site for discounted UPS ground shipping
2. Print this page and complete the order form below and fax us your order 24 hours a day, seven days a week at **703-455-3369 (fax)**
3. Print this page and complete the order form below and mail to:  
**Radiological Training Services, P.O. Box 288, Burke, VA 22015**

VIDEO PROGRAM	PRICE	QUANTITY	TOTAL PRICE
<b>Radiation &amp; Pregnancy: A Decision to Declare</b> 25 Minutes, No Credit	Purchase: \$395 (VHS)	Quantity _____	Total \$ _____
	Purchase: \$395 (DVD)	Quantity _____	Total \$ _____
<b>Radiation Risks Revisited</b> 24 Minutes, No Credit	Purchase: \$395 (VHS)	Quantity _____	Total \$ _____
	Purchase: \$395 (DVD)	Quantity _____	Total \$ _____
<b>Radiation Safety and Common Sense</b> 26 Minutes, No Credit	Purchase: \$395 (VHS)	Quantity _____	Total \$ _____
	Purchase: \$395 (DVD)	Quantity _____	Total \$ _____
<b>Radiation Protection Standards</b> 39 Minutes, 0.5 Credit	Purchase: \$395 (VHS)	Quantity _____	Total \$ _____
	Purchase: \$395 (DVD)	Quantity _____	Total \$ _____
<b>Hospital Radiation Protection Practices</b> 60 Minutes, No Credit	Purchase: \$395 (VHS)	Quantity _____	Total \$ _____
	Purchase: \$395 (DVD)	Quantity _____	Total \$ _____
<b>Fundamentals of Radiation Safety</b> 54 Minutes, 1.0 Credit	Purchase: \$395 (VHS)	Quantity _____	Total \$ _____
	Purchase: \$395 (DVD)	Quantity _____	Total \$ _____
<b>Discounted UPS Ground Shipping</b>			\$ _____ <b>10.00</b> _____
<b>VA Companies Please Add 5.0% VA Sales Tax</b>			\$ _____
<b>TOTAL AMOUNT</b>			\$ _____

- Purchased videos are not returnable.
- Free previews are not available.
- Discounted UPS ground shipping for Web site visitors only.
- There is an extra charge for second or next day air.

**Person Ordering:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Purchase Order #:** \_\_\_\_\_

**VISA** \_\_\_\_\_ **MasterCard** \_\_\_\_\_

**Card holder's full name:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**Card Verification Code:** \_\_\_\_\_ *(3 or 4 digit code listed on the back of the card)*

**Expiration MO/YR:** \_\_\_\_\_

**Card holder's signature:** \_\_\_\_\_