

Ship's Store Order Form

TODAY'S DATE: _____

COMPANY CONTACT / (DER):

TELEPHONE NUMBER: _____

	ITEM	# OF EMPLOYEES	PRICE	TOTAL
	М-РАК™		\$ 15.00	
	Overnight Shipment (Mon. – Fri.: \$25, Sat.: \$35, please provide street address below) NOTE: Order Form, Payment & Address Information MUST BE Received By 3PM EST		\$ 25 / 35	
M-PAK	(Prices Include Sta	(Prices Include Standard (USPS) Shipping Cost)		
MARITIME POST ACCI 800.775.8985 www.drugfr		·		

ITEM	QUANTITY	PRICE	TOTAL
6" x 9", three color, waterproof 2006 vessel sticker		\$ 7.00	
Maritime Drug Program Handbook		\$ 10.00	
Employee Assistance Program CD-ROM		\$ 7.50	
Complete copy of US DOT & USCG Regulations (available on-line at www.drugfreevessel.com, click on Member Area)		\$ 39.00	
Overnight Shipment (Mon. – Fri.: \$25, Sat.: \$35, please provide street address below) *NOTE: Order Form, Payment & Address Information MUST BE Received By 3PM EST		\$ 25 / 35	
(Prices Include St	TOTAL		

PAYMENT:

Check Enclosed	VISA/MasterCard	AMEX	
CREDIT CARD #			EXP. DATE
NAME ON CARD			SIGNATURE

ADDRESS:

Please provide a street address for overnight shipping (deliveries cannot be made to post office boxes)*.

TO ORDER:

24 Hour Toll Free Fax*	24 Hour Internet*	Mail To:
at 1-800-764-2350 (requires credit card payments or faxed copy of checks)	www.drugfreevessel.com Click on Ship Store (requires credit card)	The Maritime Consortium, Inc. PO Box 4070 Annapolis, MD 21403 Telephone: 800-775-6985
	*For Fed Ex Service: Form, Payment & Street Address MUST Be Received Before 3PM EST	

MAKE CHECKS/MONEY ORDERS PAYABLE TO: THE MARITIME CONSORTIUM, INC.