

# PENS EDUCATIONAL MATERIALS ORDER FORM

All prices below include postage and handling

**Prices subject to change without notice**

<p><b>PENS Nursing Resource Manual:</b> Each chapter contains pathophysiology, treatment, nursing indications and parent instructions related to a specific endocrine disorder.</p> <p>Ordered / Received:</p> <p>___/___ <b>Adrenal Insufficiency</b></p> <p>___/___ <b>Childhood Obesity</b></p> <p>___/___ <b>Clinical Perspectives on Growth Monitoring <i>NEW 2003</i></b></p> <p>___/___ <b>Congenital Adrenal Hyperplasia</b></p> <p>___/___ <b>Cushing Syndrome <i>REVISED 2004</i></b></p> <p>___/___ <b>Diabetes Insipidus</b></p> <p>___/___ <b>Graves' Disease</b></p> <p>___/___ <b>Hypoglycemia</b></p> <p>___/___ <b>Hypopituitarism</b></p> <p>___/___ <b>Klinefelter Syndrome <i>NEW 2004</i></b></p> <p>___/___ <b>Marfan Syndrome</b></p> <p>___/___ <b>Oncology-Related Endocrine Disorders</b></p> <p>___/___ <b>Osteogenesis Imperfecta</b></p> <p>___/___ <b>Overview of Endocrine System</b></p> <p>___/___ <b>Pediatric Endocrine Provocative Testing <i>NEW 2003</i></b></p> <p>___/___ <b>Prader-Willi Syndrome</b></p> <p>___/___ <b>Precocious Puberty</b></p> <p>___/___ <b>Sexuality and Endocrine Conditions <i>NEW 2004</i></b></p> <p>___/___ <b>Turner Syndrome <i>NEW 2004</i></b></p>	<p>___ @ \$6.00/each for PENS members</p> <p>___ @ \$8.00/each for non-members</p> <p>___ @ \$110.00/entire <b>Manual</b> (Binder + all chapters) for PENS members</p> <p>___ @ \$120.00/entire <b>Manual</b> (Binder + all chapters) for non-members</p>	<p>Sub-Total</p> <p>\$ ___</p> <p>\$ ___</p> <p>\$ ___</p> <p>\$ ___</p>
<p><b>PENS Educational Materials List:</b> A comprehensive listing of patient, family, and nursing educational materials available through a variety of organizations, institutions, and web sites. Includes descriptions and ordering/contact information. <i>REVISED 2004</i></p>	<p>___ @ \$6.00/each for PENS members</p> <p>___ @ \$8.00/ each for non-members</p> <p style="text-align: center;"><b>Rec'd</b> ___</p>	<p>\$ ___</p> <p>\$ ___</p>
<p><b>Growth Hormone Product Tool:</b> Provides a summary of currently available growth hormone products. This tool is designed for use by healthcare professionals, and includes indicated uses listed on package labeling. <i>REVISED 2003</i></p>	<p>___ @ \$10.00/each for PENS members</p> <p>___ @ \$12.00/each for non-members</p> <p style="text-align: center;"><b>Rec'd</b> ___</p>	<p>\$ ___</p> <p>\$ ___</p>
<p><b>Cortisol Replacement Therapy Booklet:</b> Describes rationale and practical information on cortisol replacement therapy for patients and families. <i>REVISED 2004</i></p>	<p>___ @ \$6.00/each for PENS members</p> <p>___ @ \$8.00/each for non-members</p> <p style="text-align: center;"><b>Rec'd</b> ___</p>	<p>\$ ___</p> <p>\$ ___</p>
<p><b>Partners in Education - Binder and CD-ROM:</b> Contains informational pages on common endocrine diagnoses, and endocrine medications that the nurse can share with patients and families. Also includes a selection of endocrine nursing tools (flowsheets, checklists, protocols, letters, and prescriptions) that can assist the nurse with his/her practice. <i>REVISED 2004</i></p>	<p>___ @ \$75.00/each for PENS members</p> <p>___ @ \$85.00/each for non-members</p> <p style="text-align: center;"><b>Rec'd</b> ___</p>	<p>\$ ___</p> <p>\$ ___</p>
<b>TOTAL</b>		\$ ___

**PLEASE PRINT ALL INFORMATION CLEARLY**

Name: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_

**Mail Completed Order Form to:**

**PENS**  
**P.O. Box 2933**  
**Gaithersburg, MD 20886-2933**

Additional postage may be required for orders mailed outside the continental U.S. A check payable to PENS must be included with your order. Prices are subject to change without notice. Allow 6-8 weeks for delivery. If more than one type of material is ordered, you may receive materials in more than one mailing. If you have questions regarding your order, please contact us at [manual@pens.org](mailto:manual@pens.org)

**NOTE: For orders outside the USA, use one of the following methods of payment:**

- 1) A check imprinted with the name of a U.S. bank and made out in U.S. currency.
- 2) An international Money Order written in U.S. funds.
- 3) A U.S. postal money order written in U.S. funds.
- 4) Travelers check in U.S. dollars.

Office Use Only	
Paid	_____
Date	_____
Cash	_____
Check#	_____