

Order Form For Computer Based Trainings
OSTDS, Swimming Pools & Spas, Hepatitis A&B, & C, MRSA
 Multimedia Training Development
 Volusia County Health Department
 121 W. Rich Ave.
 DeLand, FL 32720
 (386) 736-5583

**DOH Approved Course
 Provider # SC0159
 For OSTDS & Swimming Pools & Spas**

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____
 COMPANY: _____
 COMPANY REGISTRATION NUMBER: _____
 ADDRESS: _____
 CITY, ST, ZIP: _____
 PHONE: _____ FAX _____
 EMAIL: _____
 SIGNATURE: _____

ITEM	QUANTITY	ITEM COST	TOTAL COST
OSTDS Professional Version 3.0 (10 CEU's)		\$55.00	
OSTDS Home Owner Version 1.0		\$6.00	
OSTDS Professional Version 3.0 Test Grading		\$20.00	
Swimming Pools & Spas Professional Version 2.0 (8 CEU's)		\$55.00	
Swimming Pools & Spas Professional Version 2.0 Test Grading		\$20.00	
Hepatitis A & B		\$15.00	
Hepatitis C		\$15.00	
MRSA (Methicillin-Resistant <i>Staphylococcus aureus</i>)		\$15.00	
EXPEDITED SHIPPING		\$25.00	

PAYABLE IN US FUNDS ONLY

CODING FOR COUNTY HEALTH DEPARTMENTS SAMAS

SAMAS Journal Transfer: Please use the following Benefiting Codes...
BF-ORG: (FOR OSTDS 64-39-64-60-361) (FOR POOLS 64-39-64-60-360)
 (FOR HEPATITIS & MRSA 64-39-64-60-300)
BF-EO: EV
BF-OBJ: 010300
BF-CAT: 001500
Benefiting JT information: 64-20-2-141001-64200700-64-001903-00

NOTE: Please forward a copy of the VOUCHER SCHEDULE by which this payment is made. We will not credit your account until evidence of the transfer is received.

CODING FOR JOURNAL TRANSFERS (for other State Agencies)

VENDOR ID # 64-20-2-141001-64200700-64-001903-00
BF CAT 001903
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Method of Payment: Check # _____ MasterCard Visa AMEX
 Account # _____ Exp Date: _____
 Cardholder Name: _____
 Signature: _____

PLEASE FAX THIS FORM BACK TO: (386) 736-5581

