

Order #:

Allocated:

Ethicon Endo Medical Mission Program Shipping Instructions Form

MAP International 4700 Glynco Parkway Brunswick, GA 31525 Customer Service: 912-280-6627 Fax: 912-280-6638 Email: orders@map.org

There is a limit of one order per physician per calendar year.

Due to inventory limitations, product inclusion and quantity provided are subject to availability.

*All orders must be submitted at least 6 weeks prior to departure date

All individuals who receive donated supplies are required to complete an online survey when they return from their trip.

Please keep this survey in mind during your travels.

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ACCOUNT INFORMATION	COMPLETE DELIVERY ADDRESS
MAP Account #:	
Acct. Name:	
ORDERING PHYSICIAN	
lame:	
Phone:	
-mail:	Residential Address Business Address
DESTINATION	
Country:	Contact Name:
City/Region:	Phone:
lospital, Clinic or Project:	E-mail:
PAYMENT The Service Fee for an Ethicon Endo order is \$65 USD. JPS ground shipping charges to most US destinations are included. Expedited shipping will incur additional freight charges. Shipments to destinations outside the JSA will incur additional freight charges.	SPECIAL INSTRUCTIONS Team Departure Date:
Card #:	Team Return Date:
expiration Date: Security Code:	Requested Shipment Delivery Date:
Card Holder's Name (as it appears on card):	*Any additional donation to help support MAP's medicine programs is very much appreciated. If you wish to contribute
Card Holder's Billing Address:	please indicate the extra amount here: \$
	Your Name:
	Today's date:





Email *orders@map.org*Phone 912-280-6627 Fax 912-280-6638

PHYSICIAN NAME:	

Ethicon Endo Medical Mission Program

Aug - 24

All orders must be submitted 6 weeks prior to departure date Please list the procedures that will be performed:

Item# Product Description Quantity

00918-0HPBL-UE Ethicon Harmonic Blue Hand Piece w. Blue Test Tip 1ea

00918-HP054-00 Ethicon Harmonic Hand Piece 1ea

00918-0020L-00 Megadyne Laparoscopic Electrode 1ea

00918-PPH03-00 Proximate PPH Procedure for Prolapse and Hemorrhoids Set 1

When completed, please fax your order to 912-280-6638, along with the additional application forms or return as an email attachment to:

orders@map.org

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