



Order: _____
Allocated: _____

JNJ Vision 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

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.

ACCOUNT INFORMATION

MAP Account #: _____

Acct. Name: _____

COMPLETE DELIVERY ADDRESS

Residential Address Business Address

ORDERING PHYSICIAN

Name: _____

Phone: _____

E-mail: _____

DESTINATION

Country: _____

City/Region: _____

Hospital, Clinic or Project:

Contact Name: _____

Phone: _____

E-mail: _____

PAYMENT

The Service Fee for a JNJ Vision order is \$65 USD. UPS ground shipping charges to most US destinations are included.
Expedited shipping will incur additional freight charges.
Shipments to destinations outside the USA will incur additional freight charges.

Card #: _____

Expiration Date: _____ Security Code: _____

Card Holder's Name (as it appears on card):

Card Holder's Billing Address:

SPECIAL INSTRUCTIONS

Team Departure Date: _____

Team Return Date: _____

Requested Shipment Delivery Date: _____

**Any additional donation to help support MAP's medicine programs is very much appreciated. If you wish to contribute, please indicate the extra amount here: \$ _____*

Your Name: _____

Today's date: _____



medicine
for all people



24-Aug

Limits may apply on individual items. Each physician is limited to one order per calendar year.

Item #	Product Description	QUANTITY REQUESTED
50474-52069-00	Amo Administration Set, 1ea	

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