



Community Programs Order Form

Today's Date _____

Please indicate which program you are ordering and the number of items you require. Go to www.kpti.org to find more information about these programs. PLEASE NOTE: We ship only to New England and Bermuda.

Order form grid with checkboxes and input fields for items like Bike Rodeo Manual, First Aid/CPR Chart, etc.

Please provide a street address (no PO Box). We ship FedEx.

Form fields for Name, Address, City, State, Zipcode, Phone, and Email.

Please allow 3 weeks for delivery. Please provide the name(s) and address(es) of organization(s) to whom you are distributing the KPTI materials.

Kiwaniis Pediatric Trauma Institute
Tufts Medical Center
800 Washington Street (#344)
Boston, MA 02111
Fax: 617-636-8321
Email: kptiorders@tuftsmedicalcenter.org

1. Name of organization _____

Address _____

City _____ State _____ Zipcode _____

2. Name of organization _____

Address _____

City _____ State _____ Zipcode _____

3. Name of organization _____

Address _____

City _____ State _____ Zipcode _____

4. Name of organization _____

Address _____

City _____ State _____ Zipcode _____

5. Name of organization _____

Address _____

City _____ state _____ Zipcode _____

6. Name of organization _____

Address _____

City _____ State _____ Zipcode _____

Please email or print and mail/fax this form to KPTI. Fax: 617-636-8321 Email: kptiorders@tuftsmedicalcenter.org

