

## Contraception Kit Order Form

Price: \$150 each | Shipping and Handling: \$20 per kit

This portable plastic container includes protection and contraception methods for demonstration and teaching. While we make every effort to include all items listed here, *product availability can vary. Photos will be substituted if a method is not available.* Please remember that the methods in this kit are **for demonstration purposes only**. All products are placebos or expired and are **not** suitable for use! When your order has shipped, you will receive an email containing tracking information from UPS.

### KIT CONTENTS

- |   |   |
|---|---|
| 2 packages of birth control pills             | 30 assorted external condoms            |
| 1 IUD demonstration unit                      | 1 internal condom                       |
| 1 contraceptive patch (Ortho-Evra)            | 1 dental dam                            |
| 1 Today contraceptive sponge                  | 1 photo of the Implant                  |
| 1 container contraceptive gel with applicator | 1 photo of NuvaRing vaginal ring        |
| 1 container contraceptive foam                | 1 photo of emergency contraception (EC) |
| 1 diaphragm                                   | 1 photo of the Shot (Depo Provera)      |
| 2 packets vaginal contraceptive film          | 1 Your Birth Control Choices Brochure   |
| 1 tube condom-compatible lubricant            | 1 STIs: The Facts Brochure              |

### SHIPPING ADDRESS

Organization: \_\_\_\_\_  
 Contact name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address Line 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Number of kits: \_\_\_\_\_

Subtotal (# of kits x \$150): \$ \_\_\_\_\_  
 Shipping: (\$20 per kit): \$ \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

### BILLING ADDRESS (IF DIFFERENT)

Organization: \_\_\_\_\_  
 Contact name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address Line 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Payment (select one):

- Check enclosed (Please make checks payable to: *Planned Parenthood of Northern New England*)
- Copy of Signed Purchase Order enclosed

***We are unable to accept credit cards at this time. W-9 available upon request.***

**TO ORDER:** Fax completed form to 802-660-9437 Attn: Education OR mail to PPNNE Education, 784 Hercules Dr., Ste 110, Colchester, VT 05446. For purchase orders, payment is expected within 30 days of invoice. Order processing time is 2-4 weeks but can vary. Larger orders may take longer. Contact [education@ppnne.org](mailto:education@ppnne.org) for more information. We appreciate your patience.

FOR INTERNAL USE ONLY.

<input type="checkbox"/> ORDER RECEIVED [DATE: _____]	<input type="checkbox"/> PAYMENT RECEIVED [DATE: _____]
<input type="checkbox"/> SUBMITTED TO ACCOUNTING [DATE: _____]	<input type="checkbox"/> SHIPPED [DATE: _____]