



EPILEPSY NEW ZEALAND®
THE NATIONAL EPILEPSY ASSOCIATION OF NEW ZEALAND
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First Aid Pod Invoice Order Form

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|--|--|
| Company/Organisation Name: | |
| Contact Person: | |
| Contact Phone: | |
| Email Address: | |
| Address for delivery: | |
| Any special instructions: | |
| Reference/Purchase Order No.(if any): | |

ORDER:

| PRODUCT | QUANTITY | PRICE (incl. GST) | SUB-TOTAL |
|---|----------|-------------------|-----------|
| First Aid Pod + 57 Piece Emergency First Aid Kit | | \$149.99 | \$ |
| First Aid Pod + CPR Mouthpiece & Survival Blanket | | \$129.99 | \$ |

SHIPPING:

| LOCATION | QUANTITY | PRICE (incl. GST) | SUB-TOTAL |
|--------------|----------|---------------------------------------|-----------|
| North Island | | \$20 + \$5 per additional unit | \$ |
| South Island | | \$15 + \$5 per additional unit | \$ |

| | |
|-----------------------|----|
| INVOICE TOTAL: | \$ |
|-----------------------|----|

Email order form to: sales@firstaidpod.com