

CANCER101's ALL-CANCER NAVIGATOR ORDER FORM

Date: _____

(Please provide all information requested and print clearly)

STEP 1: How many navigators would you like to order?

(Please order navigators in increments of 10)

• \$4 per navigator x _____ (# of navigators) = \$ _____. C101 will contact you with an estimated deliver date.

STEP 2: What NCI inserts would you like to order and how many?

Indicate the number of inserts you would like to order next to each tumor type below. The inserts with a "Sp" are also offered in Spanish*. **Inserts are .25¢ each and are hole-punched and formatted to fit into our navigators. You may also print them online for free at www.CANCER101.org/inserts**

<ul style="list-style-type: none"> • Bladder _____ • Brain _____ • Breast _____ /s _____ • Cervical _____ /s _____ • Colon /Rectal _____ /s _____ • Esophageal _____ 	<ul style="list-style-type: none"> • Hodgkin Lymph. _____ • Non-Hodgkin Lymph. _____ • Kidney(Renal) _____ • Laryngeal _____ • Leukemia _____ • Liver _____ 	<ul style="list-style-type: none"> • Lung _____ /s _____ • Melanoma & other skin cancers _____ • Multiple Myeloma _____ • Oral _____ • Ovarian _____ 	<ul style="list-style-type: none"> • Pancreatic _____ • Prostate _____ /s _____ • Stomach _____ • Thyroid _____ • Uterine _____ 	<p>OTHER INSERTS:</p> <ul style="list-style-type: none"> • Metastatic Breast Cancer sponsored by Genentech: _____
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*Please include your request in English to the left of the slant and your Spanish orders to the right.

Additional inserts can be ordered at any time. .25¢ X _____ (# of inserts) = \$ _____.

STEP 3: How do you prefer to receive your navigators?

Inserts: We will send your entire insert order in one shipment. **Navigators:** Each carton holds **ten** planners and the carton size is 19.5" x 13.75" x 8". Keep the carton size in mind when planning how many you would like to receive per month.

- Divide my navigator order into _____ months and ship them automatically every month.
- Ship the entire order at one time.

STEP 4: Contact information

Hospital/Cancer Center Name: _____ Web site: _____

Please check one:

- New Order- How did you hear about us? _____
- Reorder

Navigator Shipping Contact

First and Last Name: _____

Title: _____

Street Address: _____

City: _____ St: _____ Zip Code: _____

Telephone #: _____ Ext: _____

E-mail: _____

Billing Contact

same address as shipping

First and Last Name: _____

Title: _____

Street Address: _____

City: _____ St: _____ Zip Code: _____

Telephone #: _____ Ext: _____

E-mail: _____

STEP 5: Total Due

Total Navigators: \$ _____ Inserts: \$ _____

TOTAL DUE: \$ _____

- Check enclosed Please send an invoice

STEP 6: Payment Options

Pay by check: Mail this form along with a check to:
 CANCER101 Inc., 304 Park Ave S, 11th Fl, NY, NY 10010
 Please make your check payable to CANCER101 Inc.

Pay by credit card over the phone: or for any questions:
 Call Aracely Delgado at 646.638.2202.