

# BD Allergist Advantage Award Order Form

[www.bd.com/allergy/allergistadvantage](http://www.bd.com/allergy/allergistadvantage)

PLEASE PRINT CLEARLY.

PARTICIPANT INFORMATION			
DOCTOR NAME (first name, middle initial, last name)			
OFFICE/BUSINESS NAME			
ATTENTION TO			
STREET ADDRESS			
CITY	STATE	ZIP CODE + 4	
DAY PHONE			
E-MAIL ADDRESS			

FIRST 8 DIGITS OF CATALOG ITEM NUMBER								QTY	ITEM DESCRIPTION	COUPONS EACH	TOTAL COUPONS
		-									
		-									
		-									
		-									
		-									
		-									
		-									
<b>TOTAL COUPONS</b>											

## INSTRUCTIONS

- Type or print neatly.
- Enclose sufficient BD Coupons to cover the order total.
- For complete ordering and shipping information please refer to the catalog.
- If you need additional information visit us at [www.bd.com/allergy/allergistadvantage](http://www.bd.com/allergy/allergistadvantage)

Please note that all awards and complimentary products may constitute a reportable discount for the reporting institution under HHS Safe Harbor Regulations relating to reimbursement of healthcare costs.

## MAIL TO

**BD Allergist Advantage Awards Center**  
**1 Becton Drive, MC 238**  
**Franklin Lakes, NJ 07417**  
**Questions call: 1-800-317-3996**

