



# EDUCATION AND TRAINING MATERIALS ORDER FORM

*We'll pay shipping!\**

Item	Unit Price	Quantity	Subtotal
Vision Poster: Baseball theme	1 FREE	1	\$0
Vision Poster: Football theme <i>(English/Spanish)</i>	1 FREE	1	\$0
Vision Loss: Everything You Wanted to Know but Were Afraid to Ask! Booklet <b>(Circle: English or Spanish)</b>	1 FREE \$3.95		
Vision Simulator Card <i>(English/Spanish)</i>	\$1.50		
Vision Screening Card <b>(Circle: Vision Professional or General)</b>	\$.85		
Visual Acuity and Contrast Screening Card	\$9.95		
Functional Vision Screening Card: <i>Nursing Home Professionals</i>	\$.85		
Guide Techniques DVD / Booklet Set <b>(Circle: English or Spanish)</b>	\$34.95		
Guide Techniques Booklet only <b>(Circle: English or Spanish)</b>	\$4.95		
Assisting People with Vision Loss Brochure <i>(pack of 25)</i>	\$4.95		
Signature Guide / Reading Guide <i>(English/Spanish)</i>	\$.40		
Caring for People with Vision Loss Manual	\$9.95		
Caring for People with Vision Loss at Home DVD	\$34.95		
Tips for Assisting a Person with Vision Impairment Pamphlet	\$.95		
Assisting Nursing Home Residents with Vision Loss Brochure <i>(pack of 25)</i>	\$4.95		
Tips for Assisting a Resident with Vision Loss at Mealtime pamphlet	\$.95		
Maintaining a Safe Environment for Residents with Vision Loss pamphlet	\$.95		
Caring for People with Vision Loss in a Nursing Home Trainer's Kit	\$149.95		
Caring for People with Vision Loss at Home Trainer's Kit	\$149.95		

**Ask about discounts on large or custom orders!**

**TOTAL DUE \$ \_\_\_\_\_**

**TO ORDER BY CREDIT CARD:**

Visa  MasterCard  American Express

Credit Card No. \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Daytime Phone \_\_\_\_\_

**TO ORDER BY PURCHASE ORDER, BILL TO:**

Name \_\_\_\_\_

Org. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Purchase order number \_\_\_\_\_

**Mail completed form or fax to 212-595-4907**

**TO ORDER BY MAIL:**

*Make check or money order payable to*  
**The Jewish Guild for the Blind**

*Mail with completed form to*  
**The Jewish Guild for the Blind**  
**SightCare Programs**  
**15 West 65<sup>th</sup> Street**  
**New York, NY 10023**  
Attention: Eileen Morrissey

**Questions? Call 800-539-4845**

*\*shipping is free in the US*

**SHIP TO:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

For more information on SightCare<sup>SM</sup> programs or materials: phone **800-539-4845** or e-mail [sightcare@jgb.org](mailto:sightcare@jgb.org)