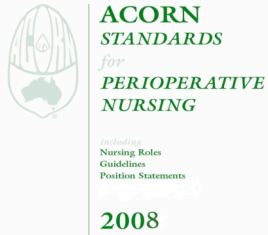




# 2008 ACORN STANDARDS

*The user friendly book has green divider pages which divide the publication into Standards, Nursing Roles, Guidelines and Position Statements.*



Hospital/Member:.....

Contact Name:.....

Address: .....

State: ..... Postcode: .....

Telephone: .....

**2008 ACORN Standards** (non member price) **\$290.00** per copy    Number of copies    \$ .....

**OR**

**2008 ACORN Standards** (member price)    **\$180.00** per copy    Number of copies:    \$ .....

**OR**

**2008 ACORN Standards** (nursing student price) **\$139.00** per copy    Number of copies    \$.....  
**(Student identification, name of course and institution must be provided)**

I wish to pay by:

Visa

MasterCard

Card Number:

.....

Expiry date on card:

..... / .....

Name on card: .....

Signature: .....

Date: .....

Cheque or Money Order (please make payable to ACORN)

*Would you like to electronically receive limited mailouts and reminders from ACORN? Yes / No (please circle)*

*If yes, please provide your email address: .....*

**ACORN**

**PO Box 325 O'Halloran Hill SA 5158**

Telephone: (08) 8387 9666    Facsimile: (08) 8322 2999    E-mail: acorncompany@senet.com.au