



**NEW YORK
CHAPTER 3**

CHAPTER OFFICERS

President
Sheila Palevsky, MD, MPH
New York, NY

Vice President
Andrew Racine, MD, PhD
Bronx, NY

Secretary
Elizabeth Alderman, MD
Bronx, NY

Treasurer
Sheila Palevsky, MD, MPH
New York, NY

Member-at-Large
Daniel Rauch, MD
New York, NY

Member-at-Large
Maris Rosenberg, MD
Bronx, NY

Immediate Past President
Benard Dreyer, MD
New York, NY

ORDER FORM

“Teen’s Health Care Bill of Rights”

Item	A. Shipping/Handling			B. Quantity	TOTAL Cost
Booklet \$0 each <i>Pay only shipping/handling</i>	Quantity	Regular*	Batch**	_____ 25 minimum*	Enter column A charge _____
	25-50:	<input type="checkbox"/> \$65	<input type="checkbox"/> \$9		
	51-100:	<input type="checkbox"/> \$66	<input type="checkbox"/> \$10		
	101-200:	<input type="checkbox"/> \$67	<input type="checkbox"/> \$11		
	201-500:	<input type="checkbox"/> \$68	<input type="checkbox"/> \$12		
	501-1,000:	<input type="checkbox"/> \$69	<input type="checkbox"/> \$13		_____
Poster \$1 each <i>Plus shipping/handling</i>	Quantity			_____	Columns A + B _____
	1-5:	<input type="checkbox"/> \$5			
	6-10:	<input type="checkbox"/> \$10			
	11-15:	<input type="checkbox"/> \$15			
	16-20:	<input type="checkbox"/> \$20			
	21-25:	<input type="checkbox"/> \$25			_____

TOTAL AMOUNT DUE: _____

**If you require more than 1,000 booklets and/or more than 25 posters, please contact us at 516-326-0310 for pricing.*

CHAPTER 3 OFFICE

Executive Director
Jessica Geslani
Email: jgeslani@aap.org

1325 Franklin Avenue
Suite 255
Garden City, NY 11530
Phone: 516/326-0310
Fax: 516/326-0316
http://www.ny3aap.org

SHIPPING INFORMATION

Booklets

- * **Regular** shipping booklets will be shipped via UPS once payment is received.
- ** If **Batch** shipping is selected, your booklets will be shipped via UPS once a group of 15 orders have come in. *We can not approximate a ship date for "Batch" shipping.*

Posters

- Posters will be shipped via USPS once payment is received.

PAYMENT

Please submit a check or money order made payable to "AAP, NY Chapter 3."
Mail your payment and this completed order form to:

American Academy of Pediatrics
ATTN: NY Chapter 3
1325 Franklin Avenue, Suite 255
Garden City, NY 11530

YOUR INFORMATION *(please note that UPS can not ship to PO Boxes)*

Name: _____

Phone: _____ Email: _____

Shipping Address: _____
