KP ACTIVITY PROGRAM INDIVIDUAL ORDER FORM

Order tickets with this form. Read entire form for ordering procedures:

1. Fill in all areas on this form clearly. Please provide a telephone number where you can be reached during the day (Monday – Friday, 9 am – 5 pm) if we need to contact you about your order.
2. If ordering by mail, enclose your check/money order payable to KP Activity Program. Orders from contract personnel or retirees must be paid by money order or credit card.
3. Orders over $100 in value must be shipped via DHL so the package can be tracked.
4. If you want to order with your credit card, fax in your form, Monday-Friday, between 9:00 a.m. – 5:00 p.m., to fax # (626) 405-3619. Kaiser Permanente accepts Visa, Mastercard, Discover & American Express.
5. Note: prices are subject to change from the vendor, all sales are final, check expiration dates carefully, and while we cannot guarantee prices offered are always the lowest available, corporate discounts provide some savings/convenience.
6. General Dept. Line: 626-405-2667 or tie line 8-335-2667
7. Fax Number: 626-405-3619
8. Website: www.kpactivityprogram.com

Send completed form with check or money order to:

Kaiser Permanente
Human Resources, Area Services
393 E. Walnut St., 2nd Fl.
Pasadena, CA 91188

Or fax order with credit card to:

Fax # 626–405-3619
tie line 8-335-3619
(fax machine is secure in a locked room, yet we suggest faxing Monday thru Friday, 9:00 a.m. – 5:00 p.m)

Plan ahead! Orders will be shipped the next business day, from the day of receipt. Orders can only be shipped if the form is complete, shipping option is selected and it agrees with need by date, payment has been received in full. A DELIVERY SELECTION MUST BE MADE, along with insurance if using DHL ~ Remember DHL cannot ship to a P.O. Box.

Ship to address (please print clearly)

Name: _____

Address: _____

City: _____ State _____ Zip _____

Note: Orders cannot be sent interoffice mail nor to our work address. DHL does not deliver to a P.O. Box.

Need by date: _____

KP Customer information (required)
Email Address: _____

Name: _____

Customer Group: □ employee □ physician □ retiree □ contract personnel

Region: _____ Employee Id#: _____

Facility Name & Dept.: _____

Work Phone & Area Code: _____

Home/Cel Phone: _____

Description of item/event name	Adult Qty.	Child Qty.	Other Qty.	Unit Price	Item Subtotal

Payment Information: (please print clearly)
Credit Card Billing Address if different from above:

Street: _____

City: _____ State _____

Zip _____ (mandatory to process credit card)

Shipping Fees
U.S. Mail……..$1.00 (no tracking, no insurance, no orders over $100)
DHL 2nd Day……..$ 6.40
DHL Next Day (Mon-Fri)……$10.00
DHL Saturday Delivery……..$15.00
DHL Insurance…….. .40 cents
(Insurance is for each $100. Add 40 cents for every $100 increment after the 1st $100, i.e., value $101-199 = .40, Value $200-299 = .80 etc.)

Order Subtotal	
Add Shipping Fee	
DHL ONLY: Add mandatory insurance fee	
Total order amount	

I, the undersigned, understand the shipping information, that I am responsible for the payment of my order, and authorize monies to be charged on my credit card listed below:

_____
Signature (required) Date

06-09-08rg

Expiration Date (month & year, i.e., 11 07) □□-□□ ☐Visa ☐Mastercard ☐American Express ☐Discover