

SGNA Purchase Order Agreement

The Hospital Purchasing Department and SGNA Member acknowledges that the SGNA member discount on publications is a benefit only to be used for the SGNA member and/or on their behalf.

1) The Purchasing Department shall complete all fields of this agreement including the signature of both:

- a. The purchasing contact
- b. The SGNA member requesting the products

2) The Purchasing Department and SGNA member agree to and are responsible for making a full payment for the requested materials in the amount specified in the Publications Invoice for each order **prior to shipment of the order.**

3) SGNA will not accept purchase orders for eLearning Programs, including the Associates Program or Advanced Associates Program.

4) The Purchasing Department and SGNA member understand that there is a NO-RETURN POLICY on all orders unless the original package was received in a damaged, unusable condition. Claims for damaged merchandise must be received by SGNA within 30 days of receipt of order. Such claims must include the original packing slip, invoice, a letter explaining the extent of damage, as well as the original merchandise items.

**Refunds for damaged items will not include the shipping and handling charges. Refunds will not be processed for refunds of \$5.00 or less.*

SGNA Member information:

Name _____ Date _____

SGNA ID (**REQUIRED**) # _____

Signature _____

Hospital/Company _____

Phone _____

Purchasing Department Contact Information:

Purchasing Dept. Contact Name _____ Date _____

Phone Number: _____ Fax: _____

E-mail: _____

Signature _____

BILL TO:

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

E-mail: _____

SHIP TO:

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

E-mail: _____

All questions can be directed to SGNA Headquarters
330 North Wabash Avenue, Ste 2000, Chicago, IL 60611-7621
Phone: 800/245-7462, Fax: 312/673-6694