



Kansas State University National Radon Program Services

~Increasing public knowledge of radon and the need to test and fix homes

Mailing Address:

First Name: Last Name:

Company (if applicable):

Address:

City: State: Zip Code:

Phone Number: Fax Number:

E-mail Address:

Coupon Code (If Applicable):

How did you hear about us?

Test Site: Own Home Rental Home Multi-Unit Dwelling Other

County Where Kit is Being Mailed:

Name and Mailing Address (if being sent to different location than above)

Name (First, Last):

Address:

City: State: Zip Code:

	Quantity:		Total:
Short Term:	<input type="text"/>	@ \$15.00 each	<input type="text"/>

Long Term:	<input type="text"/>	@ \$25.00 each	<input type="text"/>
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Grand Total:	<input type="text"/>
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Print out the completed form and send with check made payable to Kansas State University to:

National Radon Program Services Registration
Kansas State University
Division of Continuing Education
1615 Anderson Ave.
Manhattan, KS 66502-4098

FEIN# 48-0771751