

# National Radon Program Services

— increasing public knowledge of radon and the need to test and fix homes

Print Form

## Mailing Address:

First Name:  Last Name:

Company (if applicable):

Address:

City :  State:  Zip Code:

Phone Number:  Fax Number:

E-mail Address:

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:

Short Term:  Quantity:  @ \$20.00 each  Total:

Long Term:  @ \$30.00 each

**Grand Total:**

**Print out** the completed form and **send** with **check made payable to Kansas State University to:**

National Radon Program Services  
2323 Anderson Ave  
Suite 300  
Manhattan, KS 66502