

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
2005 Research Park Circle
Manhattan, KS 66502