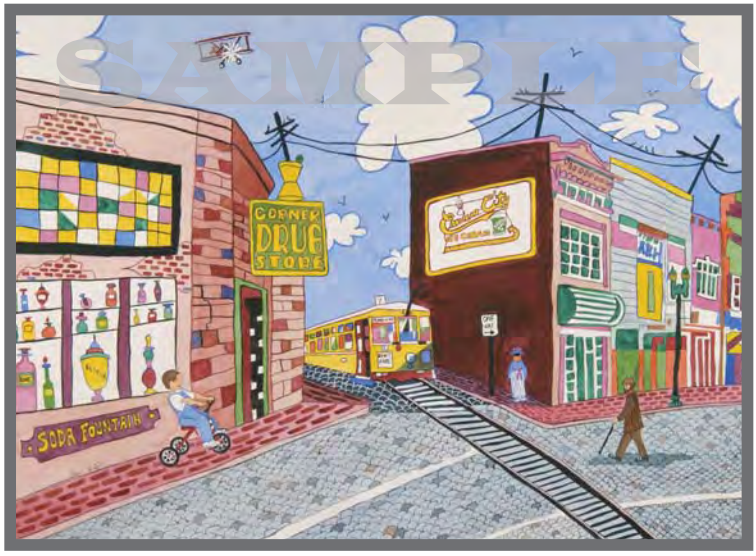
“Corner Drugstore” by Barrie Foster

Bring the charm of this colorful rendition of an early 20th century icon to your pharmacy office, or living room. A limited number of prints of Barrie Foster’s “Corner Drugstore” is available from the Tennessee Pharmacists Research and Education Foundation. The print is 22 x 16-inches and reproduced on acid-free, high-quality watercolor paper. The charming streetscape is also available on 4¼-inch x 6-inch notecards, 12 cards and envelopes per package. Both make excellent and thoughtful gifts for all your pharmacy folks – from new graduates to those marking significant milestones. Order using the form below or the one available on the TPA website: www.tnpharm.org. Call for pricing on quantities of five or more. **If you have questions, please call us at 615-256-3023.**



“Corner Drugstore” Prints and Notecards Order Form

The information you provide below will be used to update your record in the TPA database.

Full Name: _____

Preferred/Call-by Name: _____ TN License No.: _____

Place of Employment: _____ Store No.:_____

Work Address: _____

Home Address: _____

Ship This Order to: ___Work ___Home Preferred Address for Future TPA Correspondence: ___Work ___Home

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Fax: _____

Primary Email: _____

Alternate Email: _____

QUANTITY

___ Corner Drugstore **Prints** (22x16) @ $55.00 $_____

___ Corner Drugstore **Notecards** (Package of 12) @ $13.50 $_____

Total Merchandise $_____

Tennessee State Sales Tax: 9.25% or Exempt (attach certificate) $_____

Shipping/Handling Charges

@ $3.00 per package of cards $_____

@ $10.00 per print $_____

TOTAL REMITTED **$**_____

Mail order with remittance to:
TPREF
500 Church Street, Suite 650
Nashville, TN 37219
OR
Credit Card Payments May Be Faxed to: 615-255-3528

PAYMENT:

❑ Check enclosed ***(payable to TPREF)***
❑ Visa
❑ Mastercard
❑ American Express

_____
NAME AS IT APPEARS ON CARD

_____
CARD NUMBER

_____
SECURITY CODE

Security Code: 3 digits after card number on back of Visa and MasterCard; 4 digits above card number on front of AmEx.

_____
EXPIRATION DATE

_____
BILLING ADDRESS

_____
BILLING CITY STATE ZIP

_____
SIGNATURE

Rev. PDF 7.19.12