

ORDER FORM

Ordered by: (Please print or type)

Ship to: (If different than ordered by)

Name Title

Name Title

Organization

Organization

Address

Address

City State Zip Code

City State Zip Code

Telephone

Telephone

E-Mail Address

Billing Information:

Check Enclosed

Purchase Order Number

(Billed orders must be accompanied by a Purchase Order)

Contact Name

Telephone

Credit Card Information:

Name on Card

Account Number

Expiration Date

Signature

Circle One: VISA / MASTERCARD

PRODUCT	QTY	MEDIA	COST
2008 Bureau of Health Professions' Area Resource File		CD-ROM	N/C
2008 Bureau of Health Professions' ARF Access System		CD-ROM	N/C
<i>Shipping and Handling (at \$50.00 per CD)</i>			\$

e-mail: arf@qrs-inc.com

<http://www.arf.hrsa.gov>

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