

## ORDER FORM

**Ordered by:** (Please print or type)

**Ship to:** (If different than ordered by)

Name	Title
Organization	
Address	
City	State    Zip Code
Telephone	
E-Mail Address	

Name	Title
Organization	
Address	
City Code	State    Zip
Telephone	

**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
2005 Bureau of Health Professions' Area Resource File		CD-ROM*	\$500.00
2005 Bureau of Health Professions' ARF Access System		CD-ROM	\$800.00
<b>Total Due</b>			<b>\$</b>