

Healthcare Intelligence Network™ Order Form



Print out this order form, complete it and return by:

Fax to: (732) 292-3073

OR

Mail to: Healthcare Intelligence Network
PO Box 1442, Wall, NJ 07719

Product Name (attach more sheets if necessary)	Customer Code*	Qty	Print or PDF**	Price
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
				Subtotal \$ _____
				N.J. residents add 7% sales tax \$ _____
				Total \$ _____

*If you received an email from our organization, the customer code is located near the bottom of the email you received, below the pricing information.

**Several of our products are available in electronic format as Adobe Acrobat PDF files. Please note here if you would like to receive the PDF version if available.

Rush Orders: Please call us at 888-446-3530 to place a rush order. We will overnight your order for an additional charge of \$30, or you can give us your FedEx or UPS account number and we will charge the shipping to your account.

Choose a Payment Option:

Payment enclosed \$ _____

Charge my credit card \$ _____

Make checks payable to:
Healthcare Intelligence Network in U.S.
dollars. NJ residents, please add 7%
sales tax.

Visa MasterCard AMEX
Account No. _____

Exp. Date _____

Signature _____

Tax ID #: 06-151-5590

Security Code _____

Please sign above, and complete the information below — we need your full address, signature and phone number to process credit card orders. Thank you.

Ship this Order to:

Name & Title _____

Company _____

Address _____

City _____

State _____ Zip _____

Phone _____ Fax _____

E-mail address _____

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