

# Healthcare Intelligence Network™ Order Form



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

Fax to: (732) 775-0446

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 6.625% 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 \$40, 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 \$ \_\_\_\_\_

Visa       MasterCard       AMEX

Make checks payable to:  
Healthcare Intelligence Network in U.S.  
dollars. NJ residents, please add 6.625%  
sales tax.

Tax ID #: 06-151-5590

Account No. \_\_\_\_\_  
Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_  
Signature \_\_\_\_\_  
Credit Card Billing Address \_\_\_\_\_  
Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

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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