



Brochure Order Form

Mail to: Member Services
The Hospital & Healthsystem Association of Pennsylvania
P.O. Box 3344, Harrisburg, PA 17105-3344
(717) 561-5270 — fax (717) 561-5220

Decide For Yourself: A Guide to Advance Directives

<input type="checkbox"/> HAP or PA Medical Society Member Please send me: <ul style="list-style-type: none"> <input type="radio"/> 500 brochures @ \$120.00 <input type="radio"/> 1,000 brochures @ \$210.00 <input type="radio"/> 2,000 brochures @ \$365.00 <input type="radio"/> Each additional thousand are \$180.00 per thousand. <i>I would like a total of _____ thousand.</i> Total \$ _____ Custom brochure option I want to “customize” the brochures to have my organization’s information printed on the back cover. I will send the information electronically in eps format to mbarth@haponline.org . <ul style="list-style-type: none"> <input type="radio"/> \$500 additional fee per order (up to 5,000 brochures) <input type="radio"/> \$800 additional fee per order (up to 10,000 brochures) 	<input type="checkbox"/> Non-member Please send me: <ul style="list-style-type: none"> <input type="radio"/> 500 brochures @ \$165.00 <input type="radio"/> 1,000 brochures @ \$260.00 <input type="radio"/> 2,000 brochures @ \$440.00 <input type="radio"/> Each additional thousand are \$220.00 per thousand. <i>I would like a total of _____ thousand.</i> Total \$ _____ Custom brochure option I want to “customize” the brochures to have my organization’s information printed on the back cover. I will send the information electronically in eps format to mbarth@haponline.org . <ul style="list-style-type: none"> <input type="radio"/> \$800 additional fee per order (up to 5,000 brochures) <input type="radio"/> \$1,200 additional fee per order (up to 10,000 brochures)
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Order Total \$ _____
 Please add 10% for postage/handling: \$ _____
Sub-Total: \$ _____
 Please add 6% sales tax: \$ _____
(If tax-exempt, please supply PA Exemption Certificate)
 Total Due: \$ _____

Please make checks payable to: The Hospital & Healthsystem Association of Pennsylvania

PO#: _____

Name: _____ Title: _____

Organization: _____

Shipping Address: _____

City _____ State: _____ Zip: _____

Telephone #: _____ Email: _____

For Internal Use:

Deposit/Invoice Date: _____ Check # _____ Amt \$ _____
 Account # _____ Staff Initials _____