



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: <input type="radio"/> 500 brochures @ \$130.00 <input type="radio"/> 1,000 brochures @ \$250.00 <input type="radio"/> 2,000 brochures @ \$400.00 <input type="radio"/> <i>Each additional thousand are \$200.00 per thousand.</i> <i>I would like a total of _____ thousand.</i> Total \$ _____	<input type="checkbox"/> Non-member Please send me: <input type="radio"/> 500 brochures @ \$175.00 <input type="radio"/> 1,000 brochures @ \$300.00 <input type="radio"/> 2,000 brochures @ \$480.00 <input type="radio"/> <i>Each additional thousand are \$240.00 per thousand.</i> <i>I would like a total of _____ thousand.</i> Total \$ _____
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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 _____