

**LCD Booklets Order Form 2014-2015
Via NCAMES, VADMEC and FAHCS**

SHIPPING/CONTACT DETAILS: *Please print clearly*

Your Name: _____ Phone: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Number of Books Ordered: _____ @ \$15 each = \$ _____

Add \$10 for shipments up to 20 booklets, \$25 for 20 – 40 →→→→+ Shipping = \$ _____

For more than 40, please contact us directly at the office number below

TOTAL AMOUNT DUE: \$ _____

Please check the appropriate box:

Received ____ booklet/s in person

Needs booklet/s shipped to address above

Be sure to include shipping costs above

PAYMENT METHOD:

If paid by check, make check out to **Healthcare Educational Service**, enclose with above completed information and forward to:

**Healthcare Educational Services
P.O. Box 579
Glen Echo, MD 20812**

If paying by credit card, complete below and fax order form to the number below:

Credit Card Number: _____ Exp Date: _____

Name on Card: _____

If the above "Shipping" Address is not the billing address for the credit card, provide billing information below:

Address: _____

City: _____ State: _____ Zip: _____

Please note: Credit card sales are processed by Healthcare Educational Services.
Whether paying by credit card or check, please retain a copy of this form for your records.

Fax Credit Card Orders to 301-896-0133

Any questions, please call the office at 301-896-0193