



# Product Order Form

**CUSTOMER INFO:**

FIRST NAME		LAST NAME	
HEALTHCARE FACILITY			
JOB TITLE			
PRIMARY PHONE NUMBER		E-MAIL ADDRESS	

**SHIP TO:** HOME FACILITY

ADDRESS		
CITY	STATE	ZIP

**BILL TO:** CHECK HERE IF SAME AS SHIP TO ADDRESS

ADDRESS		
CITY	STATE	ZIP

**PRODUCT ORDER FORM:** Structured Interview Manual .....\$150.00 Supervisor's Implementation Guide .....\$60.00TOTAL .....\$ 

CHECK OR P.O. NUMBER <i>No money orders accepted.</i>
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 Please email me an invoice.**SEND PAYMENT TO:**

MECH Certification  
 13843 Lincoln Street  
 Grand Haven, MI 49417

**EMAIL FORMS TO:**

[mech@mech-certification.org](mailto:mech@mech-certification.org)

**QUESTIONS OR FURTHER INFORMATION:**

(616) 662 - 1315  
[www.mech-certification.org](http://www.mech-certification.org)