



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\$95.00
- Supervisor's Implementation Guide\$60.00

TOTAL\$

CHECK OR P.O. NUMBER <i>No money orders accepted.</i>

 Please email me an invoice.
SEND PAYMENT TO:

MECH Certification
13843 Lincoln Street
Grand Haven, MI 49417

EMAIL FORMS TO:

mech@mech-certification.org

QUESTIONS OR FURTHER INFORMATION:

(616) 662 - 1315
www.mech-certification.org