



# 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 .....\$75.00
- Supervisor's Implementation Guide .....\$60.00

TOTAL .....\$

|  |
|--|
| CHECK OR P.O. NUMBER<br><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](mailto:mech@mech-certification.org)

**QUESTIONS OR FURTHER INFORMATION:**

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