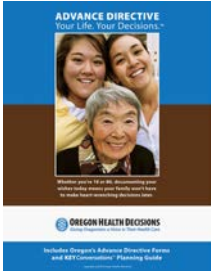



**Advance Directive with the KEYConversations™ Planning Guide**



Bulk Rate 100 per case	Price	Version	Quantity Ordered	SUB TOTAL	 <b>Making Health Care Decisions</b> (100 per case)			
1 - 5 Cases (100 per case)	\$90.00	English			<b>Making Health Care Decisions</b>	Price	Quantity Ordered	SUB TOTAL
		Spanish						
6 - 10 Cases (100 per case)	\$80.00	English			RUSSIAN	\$65.00		
		Spanish						
11 - 50 Cases (100 per case)	\$65.00	English			VIETNAMESE	\$65.00		
		Spanish						
51 -100 Cases (100 per case)	\$60.00	English			<b>TOTAL DUE →→→→</b>			
		Spanish						
<b>TOTAL DUE →→→→</b>					<b>TOTAL DUE →→→→</b>			
★ Customize your order – call for more information								

**DVD and Advance Care Planning Kit**



Materials	Price	Quantity	SUB TOTAL
<b>Advance Directive DVD with Public Viewing License</b>	<b>\$99.00</b>	★ See Federal Copyright below	
<b>Advance Directive DVD with Private Viewing License</b>	<b>\$9.95</b>	★ See Federal Copyright below	
<b>Advance Care Planning Kit</b>	<b>\$14.95</b>	Includes a Personal Use DVD and 2 KEYConversations™ Planning Guides	
★ <u>The Federal Copyright Act (Title 17 of the United States Code)</u> governs how copyrighted materials, such as a DVD, may be used. The DVD cannot be copied, sold, disseminated or presented in a manner not authorized by OHD. Call for details.			

**Poster and Brochure**



Materials	Price (100 per case)	Quantity	SUB TOTAL
8.5 x 11 Poster	\$1.75 each		
English Brochure	\$45 per case		
Spanish Brochure	\$45 per case		
★ Customize your order – call for more information			<b>TOTAL DUE →→→</b>

**Shipping & Handling Charges**

Advance Directives			Brochures		
Total Cases Ordered	Cost	SUB TOTAL	Total Cases Ordered	Cost	SUB TOTAL
1 - 5	\$12 each		1 - 5	\$7.50 each	
6 - 10	\$10 each		6 - 10	\$6.00	
11 or more	\$8.50 ea.		11 or more	\$5.00	
<b>TOTAL DUE →→→→</b>			<b>TOTAL DUE →→→</b>		

**Oregon Health Decisions**  
**7451 SW Coho Ct. #101**  
**Tualatin, OR 97062**  
  
 503-692-0894  
*Toll Free* 1-800-422-4805  
 Fax: 503-885-8758

**PURCHASER INFORMATION**

NAME: \_\_\_\_\_

TITLE / DEPT: \_\_\_\_\_

BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\* For OHD Contact Only

**METHOD OF PAYMENT**

<input type="checkbox"/> *Check	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	OHD Account Holders <b>Purchase Order #</b>
CARD NUMBER		
NAME ON CARD		EXPIRATION DATE
SIGNATURE		CVV Code
<b>TOTAL FOR ALL PRODUCTS ORDERED</b>		\$
<b>TOTAL SHIPPING &amp; HANDLING</b>		\$
ORDER DATE	<b>TOTAL DUE</b>	
*Check Payable to Oregon Health Decisions		\$