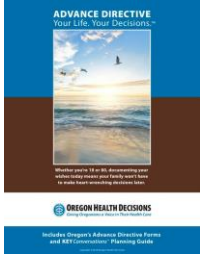


# ORDER FORM

## Advance Directive with the KEYConversations™ Planning Guide



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

## Poster and Brochure



Materials	Price (100 per case)	Quantity	SUB TOTAL
8.5 x 11 Poster-English	\$1.75 each		
8.5 x 11 Poster-Spanish	\$1.75 each		
English Brochures	\$45 per case		
Spanish Brochures	\$45 per case		
Patient Info Cards	\$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	\$13.50 ea.		1 - 5	\$7.50 each	
6 - 10	\$11 ea.		6 - 10	\$6.00	
11 or more	\$9.50 ea.		11 or more	\$5.00	
<b>TOTAL DUE →→→→</b>			<b>TOTAL DUE →→→</b>		

**Oregon Health Decisions**  
7451 SW Coho Ct. #105  
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
TOTAL FOR ALL PRODUCTS ORDERED		\$
TOTAL SHIPPING & HANDLING		\$
ORDER DATE	TOTAL DUE	
*Check Payable to Oregon Health Decisions		\$