

OCHCH ORDER FORM

2011 Home Care & Hospice Resource Guide - Listing of OCHCH members, services provided, and listings for state and federal departments.

PLEASE SEND MY ORDER TO:

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax#: _____

Email address: _____

	Qty:	Amount Each:	Amount Total:
2011 Resource Guide		\$5.00	\$
OH Sales Tax		X 0.0675%	\$
Shipping (Call for cost)			\$
		TOTAL:	

MAIL/FAX ORDER FORM AND PAYMENT TO:
Ohio Council for Home Care and Hospice
 2800 Corporate Exchange Dr., Ste. 225
 Columbus, OH 43231
Tel: 614.885.0434 Fax: 614.899.0192

All orders must be submitted with an acceptable form of payment: (VISA, MasterCard, Discover or Check*)

*Please send either a Company Check or Money Order. No Personal checks will be accepted.

Credit Card Information: VISA MasterCard Discover

Account. #: _____

Name on Card: _____ Expiration Date: _____