# E-Brochures Order Form

## BILL TO

Name_____________________________  Title_____________________________
Institution________________________  ACHA Institutional Member ID #________
Street Address_______________________
City/State/Zip_______________________
Phone_____________________________  Email_____________________________

## CONTACT PERSON (Brochures will be sent to email address provided in this section)

Name_____________________________  Title_____________________________
Institution________________________  ACHA Institutional Member ID #________
Street Address (NO P.O. BOX #s)_______________________
City/State/Zip_______________________
Phone_____________________________  Email_____________________________

## E-Brochures Subscription

<table>
<thead>
<tr>
<th>Pricing</th>
<th>Quantity</th>
<th>ACHA Institutional Members</th>
<th>ACHA Non-Institutional Members</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual E-Brochure Subscription</td>
<td></td>
<td>$350.00</td>
<td>$500.00</td>
<td></td>
</tr>
<tr>
<td>Includes:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Access to entire library of e-brochures for one year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Unlimited printing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Digital sharing via email or EHR portal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## PAYMENT

- [ ] Institutional Purchase Order #____________________________
- [ ] Check or money order payable to ACHA
- [ ] Visa  [ ] MasterCard  [ ] American Express
- [ ] Card #_____________________________  Exp. Date____________  CSV (from back of card)________  Billing Zip________
- [ ] Cardholder's Name_____________________________  Signature_____________________________

## Instructions:

- Fill out this order form and submit to the address below.
- Once payment is processed the e-brochure library will be emailed as a zip folder to the email address listed in the Contact section above.

Remittance Address for Payment (you may fax this form if paying by credit card or PO):
ACHA, P. O. Box 419224, Boston, MA 02241-9224
Fax: (410) 859-1510

Please be sure to include the order form when sending payment to the address above.
For more information, contact pubs@acha.org or (443) 270-4564.

www.acha.org/e-brochures