



ORDER FORM

Contact Name: _____ Email: _____

Profession/ Job Title: _____ Organization: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

How did you hear about this event? _____

(Please enclose PO or Check) PO# _____

Name of person Responsible for Paying: _____

Phone: _____ E-mail: _____

Please make check out to: Video Continuing Education, 10365 SE Sunnyside Rd, Suite 200 Clackamas, OR 97015
Email PO to: darla@ahceducation.com or Fax to: 503-928-5586

Do you want to borrow DVD's of the class to show your group? _____ If so, when do you plan on showing

this? _____ (There is a \$20-\$40 shipping charge per course for this)

What course(s) would you like?

What date?

1. _____

2. _____

How many conference attendees? _____ x \$ _____ = \$ _____

Please send a list of participants in an excel file with the following information: First Name, Last Name, E-mail & Phone.

Contact Information: 503-929-0355 or darla@ahceducation.com