

— ORDER FORM —

**2016 NARHC Fall Institute
Flash Drive**

A Flash Drive purchase contains the agenda, presentations, and sponsor information from the most recent conference. Order forms may be sent in at any time, however, flash drives will not be mailed out until *after* the conference.

Name: _____ Ph. _____

Email: _____

Clinic or Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Who	Cost	Quantity	Total
Fall Institute Conference Attendees	\$ 25.00		
NARHC Member: Non-Attendee	\$100.00		
Non NARHC Member: Non-Attendee	\$250.00		
Total:			\$

Make checks payable to: **National Association of Rural Health Clinics**

We accept: Visa or MasterCard (only): Card Number_____

Expiration Date: _____ CVV 3-Digit Code _____ Amount Paying: _____

Name on Card: _____

Billing Address on Card: _____

Please complete and return this form and submit order by:

Email: rdavis@narhc.org

Fax: 866-311-9606

Mail: 2 East Main Street, Fremont, MI, 49412

THANK YOU!