

# 2012 Web Health Awards Program

## Order Form for Additional Winning Certificates

### CONGRATULATIONS ON YOUR WINNING ENTRY!

Please note the following for ordering additional certificates:

1. Quantities are limited. Please place your order by August 31, 2012 as we cannot guarantee availability.
2. All orders must be prepaid by check, Visa, MasterCard or American Express. Make checks payable to: Health Information Resource Center (HIRC).
3. Include a photocopy/photocopies of your award certificate(s) with any changes, additions or deletions, and requested quantity of each clearly indicated. Please print or type all changes. Please include copies even if no changes are necessary, and indicate the reprint quantity for each.
4. Return this form, your certificate photocopies and payment to:

Health Information Resource Center  
 1850 West Winchester Road, Suite 213  
 Libertyville, IL 60048-5355, U.S.A.

If paying by Visa/MasterCard/American Express, you may fax your order to 847-816-8662



This beautiful walnut finish plaque is the ideal way to showcase your winning award. Send plaques to clients and colleagues involved in your award-winning entry. Your certificate comes mounted and ready to hang on the wall.

Plaques: \$39.95 each

Certificates only: \$16.95 each

(Prices include shipping and handling costs.)

## ORDER FORM

Please send me:

(Prices include shipping and handling costs.)

- Additional award certificates @ \$16.95 each.

Number of award certificates requested

\_\_\_\_\_ @ \$16.95 .....\$\_\_\_\_\_

- Additional award certificates mounted on a walnut plaque @ \$39.95 each.

Number of award certificates mounted on a plaque requested

\_\_\_\_\_ @ \$39.95 .....\$\_\_\_\_\_

TOTAL PAYMENT ENCLOSED .....\$\_\_\_\_\_

Send order to: (PLEASE PRINT OR TYPE)

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

- I have enclosed a photocopy(ies) of my award certificate(s)

Method of Payment:

- Check enclosed (make payable to HIRC)  
 Visa     MasterCard     American Express

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CARDHOLDER NAME (PLEASE PRINT) \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

Health Information Resource Center's Federal Tax ID# 36-3559293

Questions? Please call the Health Information Resource Center  
 at 847-816-8660, weekdays, 8-6 Central time