

**FAX ORDER FORM**

**Fax To: 262-692-3590**

**2008 COMPLETE HOMECARE CODING BUNDLE**

- Lisa Selman-Holman's 10-Part Coding Series - *New for 2008*
- On-demand access via the Internet, from home or office, available 24 / 7 for twelve (12) months
- 11.8 Contact Hours [Nursing] Available to Registered Viewers

Your total subscription fee is comprised of two components: a fee for your 1st site and a discounted fee for each additional site (if you have less than 10 sites). Determine your fees by the number of sites/office locations your agency operates and membership in your state homecare association. Members of associations recognized as HCIN partners receive member rates.

For example, if you have four offices and you are a member of an HCIN partner association your total price for all four sites would be \$3,000, or an average of \$750 per site ...and remember, there are no per head, per seat or per nose fees!

	Member	Non Member
First site or office	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,250
Additional site or office [Enter Number of Sites]	<input type="checkbox"/> \$600/site	<input type="checkbox"/> \$650/site
<input type="text"/> Coupon Code [If Applicable]		

**Small Agency Special**

To Qualify You Must Have:

- ONLY a Single Office Location **AND**
- ONLY Nine or Fewer Nurses & Therapists

Member	Non Member
<input type="checkbox"/> \$800	<input type="checkbox"/> \$850

Have 10 or more sites/offices? Contact Randy Weisheit (515-963-7870) or e-mail at [randyweisheit@homecareinformation.net](mailto:randyweisheit@homecareinformation.net)

Please print order information clearly.

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PAYMENT**

Visa

MasterCard

American Express

Check Enclosed

Receipt Reqd

Card Number:

Expires MO  YR  Sec Code

Name on Card:

**Subscription Summary**

1st Site:

Additional Sites:

Less Discount:

Total:

**Make Checks Payable to:** Home Care Information Network - **Mail to:** HCIN, 419 Fredonia Avenue, Fredonia, WI 53021

Only credit card orders are accepted for immediate activation. If you need to make other payment arrangements, please contact us at 866-436-7047. Orders submitted by fax or mail are processed on the business day they are received. Following credit card verification, we will send an acknowledgement e-mail with your agency's access information to the contact listed above. The acknowledgement e-mail will be sent from [vieweraccess@homecareinformation.net](mailto:vieweraccess@homecareinformation.net) - please make certain that your spam filter does not block this communication by adding this email address to your safe-senders list. If you do not receive your acknowledgement e-mail within 24 hours check your junk mailbox first, then contact us at [info@homecareinformation.net](mailto:info@homecareinformation.net). **Credit Card charges will appear on your credit card statement as Stony Hill Management, Inc.** The individual designated as your HCIN account administrator is responsible for loading information on all staff that require continuing education credits or verification of participation. Your viewing period begins when your seminar is activated. If you already have an HCIN account, you will receive notification that the seminar has been placed in your catalog and is waiting to be activated.

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*Individual Subscription Order Form*

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- Lisa Selman-Holman's 10-Part Coding Series - *New for 2008*
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HCIN now gives you more choices! If an agency subscription is not feasible, you can still access Lisa Selman-Holman's 10-Part Coding Series with an individual subscription! You will receive the same 24/7 access from home or office for twelve months, nursing credits, and can print a personalized continuing education certificate after the successful completion of each session.

<b>NEW! Now Available</b>	Member	Non Member	If you or your agency is a member of an association recognized as an HCIN partner - you qualify for member rates. If member, what association? <input type="text"/>
	Individual Subscription Fee <input type="checkbox"/> \$275	<input type="checkbox"/> \$300	

**Individual Subscription - register only one [1] person per form.**

**Personal Info**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Personal Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Phone: \_\_\_\_\_ Is this your: Home  Cell  [Check One]

Personal E-mail: \_\_\_\_\_

**Agency Info**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Your E-mail @ Agency: \_\_\_\_\_

**PAYMENT**

Visa  MasterCard  American Express  Check Enclosed  Receipt Reqd

Card Number:

Expires: MO  YR  Sec Code

Name on Card:

Your Total Charges: \$

**Make Checks Payable to:** Home Care Information Network - **Mail to:** HCIN, 419 Fredonia Avenue, Fredonia, WI 53021

Only credit card orders are accepted for immediate activation. If you need to make other payment arrangements, please contact us at 262-692-3580. Orders submitted by fax or mail are processed on the business day they are received. Following credit card verification, we will send an acknowledgement e-mail containing your personal access authorization code to the e-mail address(es) you provided. This is our primary method of acknowledging your order - please make sure your e-mail address(es) are accurate and clearly legible on this form.

The acknowledgment e-mail will be sent from [vieweraccess@homecareinformation.net](mailto:vieweraccess@homecareinformation.net) - please make certain that your spam filter does not block this communication by adding this email address to your safe-senders list. If you do not receive your acknowledgement e-mail within 24 hours check your junk mailbox first, then contact us at [info@homecareinformation.net](mailto:info@homecareinformation.net). Your viewing period begins when your seminar is activated.

**Credit Card charges will appear on your credit card statement as Stony Hill Management, Inc.**