NHPCO’S MEMBERSHIP PLAQUE ORDER FORM

Name_______________________________________________________ Email____________________________________________________

Organization______________________________________ Provider ID #______________________

Address (no PO Boxes)__________________________________________________________________________

City________________________________________ State___________________ Zip________________

Phone________________________________________ Fax___________________________

<table>
<thead>
<tr>
<th>Product Title</th>
<th>Item #</th>
<th>Price</th>
<th>Quantity</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walnut Membership Plaque*</td>
<td>700400</td>
<td>$42.50 each</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brass Year Plate</td>
<td>700450</td>
<td>$3.50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Order Subtotal
Shipping & Handling**
$8.00 per plaque / $2.00 per plate

Sales Tax 6% (VA Residents)***

TOTAL DUE

Plaque Name Specifications
*Please indicate the name as it should appear on the plaque. There is a maximum of 25 characters (total of letters, spaces & punctuation).
IMPORTANT: Please type or print clearly.

Name __________________________________________________________________________________________________________

Payment Information
• Checks must be in US funds.
• A charge of $25 will apply to checks returned for insufficient funds.

**SHIPPING & HANDLING:
Please allow at least 1 - 2 weeks processing time.

***SALES/USE TAX:
We are required to collect sales/use tax for VA residents.
VA residents add 6%. To claim exempt status, please include the following:
☐ My exemption number is ________________________________
☐ Enclosed is a copy of my certificate.

Check #_______________ or ☐ Visa ☐ MasterCard ☐ American Express

CREDIT CARD NUMBER

Visa/MC Cvv Code 3-digits back right side.

AMEX Cvv Code 4-digits front right side.

NAME ON CARD (PLEASE PRINT CLEARLY)

SIGNATURE DATE