### NHPCO’s Membership Plaque Order Form

#### Name __________________________ Email __________________________

Organization __________________________ Provider ID # __________________________

Address (no PO Boxes) ____________________________________________________________

City __________________________ State __________________________ Zip __________________________

Phone __________________________ Fax __________________________

#### Product Title | Item # | Price | Quantity | Amount Due
--- | --- | --- | --- | ---
Walnut Membership Plaque* | 700400 | $42.50 each |  |  |
Brass Year Plate | 700450 | $3.50 |  |  |

#### How To Order

**FAX:** Fax completed orders to (703) 837-1233  
**MAIL:** NHPCO, PO Box 71178, Charlotte, NC 28272-1178  
**PHONE:** Call NHPCO Solutions Center at (800) 646-6460  
**EMAIL:** solutions@nhpco.org

#### 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.

#### Order Subtotal

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Price</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shipping &amp; Handling**</td>
<td></td>
<td></td>
<td>$8.00 per plaque / $2.00 per plate</td>
</tr>
<tr>
<td>Sales Tax 6% (VA Residents)***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL DUE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Check # ___________  or  

![Visa/MC Cvv Code](image)  
3-digits back right side.  

![AMEX Cvv Code](image)  
4-digits front right side.  

NAME ON CARD (PLEASE PRINT CLEARLY)

SIGNATURE __________________________ DATE __________________________