

Cascades East AHEC Order Form:

National Health Council's **300 Ways to Put Your Talent to Work in the Health Field**

Please print and complete all information.

Return this form with your payment to:

**Cascades East AHEC
Health & Learning
2500 NE Neff Rd.
Bend, OR 97701
FAX: 541-385-6322**

Name _____

Mail Pkg. Delivery Address _____

City _____ State _____ OR _____ Zip Code _____

County of Residence: _____ School Affiliation _____

I am a ___ Student

I am a ___ Teacher (this is a classroom order for at least 20 copies I will provide to students ___ Yes ___ No)

I am a ___ Parent

Optional Information : (Demographic information you provide will be kept confidential and used only for aggregate reporting to allow us to summarize for funding agencies on how we have used contributions made to our office to support projects such as this).

Gender: (check one) Male Female

Ethnicity: (check all that apply) African-American Caucasian Hispanic Asian Native American
 Other

(Student Only) Grade: Sophomore Junior Senior College year _____ Age: _____

Payment Details: National Health Council's **300 Ways to Put Your Talent to Work in the Health Field**

Cost =\$5 each for those in the Cascades East AHEC region (Crook, Deschutes, Jefferson, Harney, Lake, Klamath counties, Warm Springs Community in Wasco County or southern Malheur county) **Classroom Orders** for those in the Cascades East AHEC region (\$3 per copy for a minimum of 20 copies)

Cost =\$12 each + \$3 shipping and handling (\$15 per copy) for all others in Oregon. At the present time we cannot make this publication available to students outside of Oregon.

Order Details: (please fill in the following)

Number of Copies: _____ Price per copy (use information above to determine this amount) _____

TOTAL ORDER PAYMENT: _____

Payment Method : Cash Check (Make checks payable to **Cascades East AHEC**)
(No C.O.D. orders accepted) Creditcard (please complete additional information below)

Credit Card Type (Visa, Mastercard, Discover only) _____

Credit Card Number _____ Exp. Date _____

Authorized Credit Card Signer Signature _____

Your order cannot be processed without payment information being provided.

Questions? E-mail us at info@cascadeseast.org