



MATERIALS ORDER FORM

Name _____

MAILING Address _____

City _____ ST _____ Zip _____

Phone (Cell) _____

	Course Manual \$20.00	Course/Exam Certificate \$10.00
Part A		
Part B		
Part C		
Part D		
Adv Ext		
Adv CDM		
Adv Proc		
Case Mgr		
Exam		

Payment Info (please provide all information; missing or incorrect info may result in a delay in processing)

- Check payable to: The McKenzie Institute
- VISA
- MasterCard
- Discover
- Personal card
- Company card

Cardholder Name: _____

Card #: _____ **Exp. Date:** _____

Billing address: _____
(If different from above)

City, ST, Zip _____

Signature: _____

E-mail, fax or mail form and payment to:

wendy@mckenzieinstituteusa.org

Fax: 315-471-7636

The McKenzie Institute
432 N Franklin St, Ste 40
Syracuse, NY 13204-1559
Ph: 315-471-7612/800-635-8380

FOR OFFICE USE ONLY:

Student #: _____	Confirm #: _____
Date paid: _____	Check #: _____
Amt paid: _____	Course #: _____
Date Ordered: _____	Date Sent: _____