



MATERIALS ORDER FORM

Name _____
 Address _____
 City _____ ST _____ Zip _____
 Phone (Cell) _____

	Course Manual \$20.00	Course/Exam Certificate \$10.00
Part A		
Part B		
Part C		
Part D		
Part E		
CSU		
Case Mgr		
Exam		

Please complete course details below:

Date held: _____
 Location: _____
 Course #: _____
 Instructor: _____

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: _____

Mail form and payment to:

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

Or fax to:
 315-471-7636

Or e-mail to:
 wendy@mckenzieinstituteusa.org

FOR OFFICE USE ONLY:

Student #: _____	Confirm #: _____
Date paid: _____	Check #: _____
Amt paid: _____	

Date ordered: _____
 Date sent: _____