



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		
Adv Ext		
Adv CDM		
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: _____