

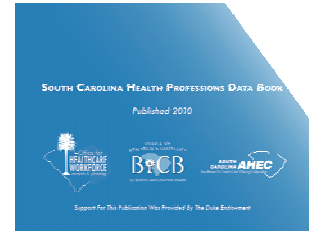


PUBLICATION ORDER FORM

Please complete the form below and mail or fax to the Office for Healthcare Workforce Analysis & Planning with your payment.

SOUTH CAROLINA HEALTH PROFESSIONS DATA BOOK

OF COPIES _____ @ \$45 = \$ _____
(Cost includes shipping and tax)



Payment By:

Check (Payable to: Medical University of South Carolina)

Credit card: ___ Visa ___ MasterCard ___ American Express

Card Number: _____ Exp. Date: ____/____ CV Code: _____

Cardholder Name: _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

E-mail address for receipt: _____

Shipping Address:

Name: _____

Title: _____

Organization: _____

Street: _____

City: _____ State _____ Zip: _____

Phone: (____) _____

Send Payment to:

Office of Healthcare Workforce Analysis & Planning • South Carolina AHEC
19 Hagood Avenue, Suite 802, MSC 814 • Charleston, SC 29425
Phone: 843-792-4431 • FAX: 843-792-4430
FID# 57-6000722