

Health Resources Publishing

Order Form

Print out this order form, complete it and return by:

Fax to: (732) 292-1111

Or mail to: Health Resources Publishing
PO Box 456, Allenwood, NJ 08720

4-Part Workplace Wellness Management Education and Training Series

Four 60-Minute Audio Programs on CD-Rom

- Part 1- What Wellness Managers, Employers and Health Plans Need to Know About Workplace Wellness Programs Under the Health Reform Act and Other Laws
- Part 2 - Organizational Readiness for Workplace Wellness: Are You Ready?
- Part 3- Implementing Wellness and Disease Management Programs
- Part 4- How To Help Employees/Members Adopt Healthy Behavior Changes That Last

YES! Please send me the four-part 60-minute professional audio training briefings “**Workplace Wellness Management Education and Training Series,**” on CD-Roms. Each CD includes the audio recording of the live webcast, all ‘handout’ program materials including agenda, informational program slides, speakers’ biographies and contact information and any other program materials.

<input type="checkbox"/> 4-Part Workplace Wellness Management Education and Training Series on 4 CD-Roms. Includes all program materials	<u>Amount</u> \$597 \$466.00
---	--

Payment Options: <input type="checkbox"/> Check Enclosed <small>(Make payable to Health Resources Publishing LLC)</small> <input type="checkbox"/> Credit Card: <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Name on Card _____ Card Number _____ Card Security Code _____ Expiration Date _____ Signature _____	(CD-ROM Only) NJ Sales Tax @ 7% (only if shipping to NJ) Enter Tax ID or VAT # if exempt.
	Shipping and Handling (\$10.95 for 4-CD-ROMs)
	Grand Total

Our Tax ID Number: 41-2219404

Registration Contact:

Name _____
 Title _____
 Organization _____
 Address _____
 City _____ State _____ Zipcode _____
 Phone _____ Fax _____
 E-Mail _____
 Order/discount code _____

Billing Information

Same as registration address

Name _____
 Title _____
 Organization _____
 Address _____
 City _____ State _____ Zipcode _____
 Phone _____ Fax _____

Important: All correspondence will be by email, so please provide your email address!

Yes! I want to receive the following FREE email newsletters. I've provided my email address below.

- Healthcare Industry Weekly Watch
 Managed Care Weekly Watch
 Women's Health Professional News Brief
 Wellness Junction Professional Update
 Managed Care Vendor Sales Insight

By providing your mail, phone, fax and email address you agree to receive communications from HRP via mail, fax, and email.