

PLEASE PRINT LEGIBLY –If we can't read it, we can't fill the order

Make Check Payable and Remit Payment to:
 Miller & Huffman Outcome Architects, LLC (MHOA)
 3105 Waterfront Dr.
 Chattanooga, TN 37419

Ordering 1 program only, complete Sections A & C & D.
 Ordering 2 or more programs, complete Sections A & B.

If you have a GROUP ID #, ENTER IT HERE: _____

SECTION A					
Products Ordered	Quantity	Total Cost	TN Residents 9.25% Sales Tax	Add S&H	Total Due
Health Coach Certification Program: \$465 each Shipping/Handling: International orders add \$150 per program 1 program or each program to different location: \$20 2-4 programs - same location: \$35 5+ programs - Email us at: info@nshcoa.com for S/H Companion Health Management and Prevention Teaching Guides 1-24: \$3.50 ea; S/H: \$10.00 25-49: \$3.25 ea; S/H: \$15.00 50-99: \$3.00 ea; S/H: \$25.00 100-249: \$2.75 ea; S/H: \$35.00 250-499: \$2.50 ea; S/H: \$70.00 500 or more: Email us at info@nshcoa.com Health Coach Certification Program + 1 NSHC CoachClinic DVD: \$1190 + \$25 S/H Health Coach Certification Program + 1yr On-Demand access subscription to NSHC CoachClinic: \$1164 + \$20 S/H	CHF: _____ CAD: _____ COPD: _____ Diabetes: _____ HTN: _____ Prs. Ulcer: _____ Pain: _____				

SECTION B Complete ONLY if ordering 2 or more programs	SECTION C Complete ONLY if ordering 1 Program
All Programs in the order will be shipped to the Location entered below. The contact person will receive additional registration information via email when the order ships.	Full Legal Name:
Company Contact Person Name and Email	Address/City/State/Zip:
Company Name	Shipping Address (if different)
Street Address:	Credential (MD, RN, RPT, etc or NONE)
City: State: Zip	State Licensed in? Lic. # & Exp. Date:
Country code if applicable:	Email:
Name and Email address of person receiving the shipment	Phone:
How did you hear about us?	How did you hear about us?

SECTION D: (Place a check in the green circle) "I hereby attest that all information I have provided above is true, accurate and complete, and that I have a current unencumbered credential. I do understand that any falsification, omission, or concealment of information or facts will subject me to possible forfeiture of my NSHC membership and health coach certification.

Current or Most Recent Employer: _____ PH: _____

Supervisor's Name: _____ Email: _____ PH EXT: _____