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

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:_____

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

SECTION A

Products Ordered	Quantity	Sub Total	S/H	TN Sales ADD 9.25%	TOTAL DUE
Health Coach Certification Program Order Options: (***E**mail info@nshcoa.com for volume order pricing & S/H*) 1. **Hard Copy Manual .....$595ea +$20s/h** (International orders email info@nshcoa.com for S/H Quote) 2. **E-Manual..... $595ea** For those choosing to study online at NSHC website. ***READ-ONLY; NOT downloadable or printable* 3. **Register for Recertification… $350.00 + $20s/h** (*Must have a current NSHC Membership to register for recertification. **Not a current member – Add membership renewal to your order)** 4. **NSHC Membership Renewal …$50(1yr) or $90(2yr)** 5. **Health Coach Job Description w/ Performance Appraisal .....$30** 6. **Companion Health Mgmt. & Prevention Teaching Guides ..... $4.00ea.** **Teaching Guide Domestic S/H:** **Quantity S/H** 1-24: $7.00 25-49: $15.00 50-99: $25.00 100-249: $35.00 250-499: $70.00 500 or more Or International Orders: Email us at info@nshcoa.com for quote	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 will be shipped to the Location entered below. The contact person will receive registration instructions 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: _____