

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	Total Cost	TN Sales Tax ADD 9.25%	S/H	TOTAL DUE
Health Coach Certification Program Order Options: (Orders of 5 or more, email info@nshcoa.com for pricing)					
1. Hard Copy \$485ea (International orders email info@nshcoa.com for S/H Quote)					
2. E-Manual\$485ea For those choosing to study online at NSHC website. **READ-ONLY; NOT downloadable or printable					
3. Hard Copy Program + 1 CoachClinic DVD...\$1215 (International orders email info@nshcoa.com for S/H Quote)					
4. E-Manual + 1yr CoachClinic Online Access Subscription \$1184					
5. Companion Health Mgmt. & Prevention Teaching Guides \$3.50ea. 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					
Health Coach Job Description w/ Performance Appraisal\$30.00ea.					
	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:** _____