ORDER FORM: Healthcare poster

OR ORDER BY PHONE: 800-986-0763

SHIP TO:

Company

Address

City/State/Zip

Phone **ATTN:**

❑ **SHIP TO ADDRESS BELOW** ❑ **SHIP TO NEW ADDRESS ABOVE**

	Qty		
1- 4 posters	_____	English @ $19.95 each	$_____
	_____	Spanish @ $19.95 each	$_____
5 or more	_____	English @ $14.95 each	$_____
	_____	Spanish @ $14.95 each	$_____
		Sub-total	$_____
Shipping:	_____	# of posters @ $2.95 each	$_____
		TOTAL	$_____

Indicate your FREE poster # ☐

Payment by: **Check** ❑ **VISA** ❑ **MC** ❑ **AmEx** ❑ **Discover** ❑

CREDIT CARD NUMBER **Or FAX credit card orders to 888-442-4144**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐ **Exp. date**

X _____

Signature

LABOR LAW POSTER SERVICE LLPS