



Product Order Form

SHIP TO*:

Name _____
 Title _____
 Organization _____
 Address _____
 City, State, Zip _____
 Telephone Number _____
 Email Address _____

BILL TO (if different from above):

Name _____
 Title _____
 Organization _____
 Address _____
 City, State, Zip _____
 Telephone Number _____

PAYMENT METHOD:

- Purchase Order
- Bill Me
- Check enclosed
- Charge: Visa Mastercard

Credit Card Number

|_|_|_|_|-|_|_|_|_|-|_|_|_|_|-|_|_|_|_|

3-digit Validation # _____

Expiration Date ____/____/____

Card Holder's Signature

***If you are ordering multiple copies for multiple addresses, please attach a mailing list. Thank You!**

	Amount
____ 1 year <i>Healthy Childcare</i> ® \$22.95 (Outside the U.S.A. \$28.95)	_____
____ 1 year <i>Healthy Childcare</i> ® with <i>Health & Safety Resource Guide</i> \$28.95	_____
____ 2 years <i>Healthy Childcare</i> ® \$39.95 (Outside the U.S.A. \$49.95)	_____
____ 2 years <i>Healthy Childcare</i> ® with <i>Health & Safety Resource Guide</i> \$49.95	_____
____ <i>Hip on Health</i> (English) \$47.95	_____
____ <i>More Hip on Health</i> (English) \$47.95	_____
____ <i>Hip on Health</i> (Spanish) \$47.95	_____
____ <i>More Hip on Health</i> (Spanish) \$47.95	_____
____ <i>I Am Amazing</i> \$399.00	_____
____ <i>Safety in Childcare: the Best of Healthy Childcare</i> ® \$28.99	_____
____ <i>Nutrition in Childcare: the Best of Healthy Childcare</i> ® \$28.99	_____
____ <i>Healthy Childcare</i> ® Special Summer Safety Issue \$4.25	_____
____ <i>Healthy Childcare</i> ® Special Dental Health Issue \$4.25	_____
____ <i>Healthy Childcare</i> ® Obesity in Young Children Issue \$4.25	_____
____ <i>Healthy Childcare</i> ® Special Mental Health Issue \$4.25	_____
____ <i>Healthy Childcare</i> ® Special Toddler Issue \$4.25	_____
____ <i>Healthy Childcare</i> ® Special Infant Issue \$4.25	_____
____ <i>Healthy Childcare</i> ® Special Emergency Preparation Issue \$4.25	_____

**Sales Tax: 6% sales tax for Michigan orders of Hip on Health and I Am Amazing only without Tax Exempt status.

Make Checks Payable to Healthy Child Publications and mail to: P.O. Box 624, Harbor Springs, MI 49740

Subtotal _____
 Tax** _____
TOTAL _____