

**2008 EDITION FLORIDA DIET MANUAL ORDER FORM**

**INTRANET VERSION**

PLEASE TYPE OR PRINT CLEARLY

FACILITY NAME

CONTACT NAME

STREET ADDRESS

CITY

STATE

ZIP

\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_

PHONE NUMBER

FAX

E-MAIL ADDRESS

We accept checks, Visa, Master Card, Purchase Orders or all orders must be **prepaid**, including shipping charges and sales tax. Returned checks are subject to a \$30.00 service charge. Please do not send cash. **ANY INVOICE NOT PAID WITHIN THE NET 30 TERMS WILL BE CHARGED A 1 1/2% FINANCE CHARGE MONTHLY. ALL SALES ARE FINAL.**

Payment Method:

- Enclosed is a check or money order.
- Purchase Order Number: \_\_\_\_\_ (signed copy must accompany order)
- Visa
- Master Card

PRINT EXACT NAME (include initials) FROM CHARGE CARD

EXPIRATION DATE

SIGNATURE

ACCOUNT NUMBER

**IT / IS contact:** \_\_\_\_\_ **Phone of IT/IS:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**PRICING PER FACILITY**

2008 Intranet Diet Manual - \$595.00 for the first 100 beds, and \$179.00 per additional 100 beds, or portion thereof.

<b>Example:</b>	550 bed facility:	\$ 595.00	First 100 beds
	5 x \$179.00 =	\$ 895.00	450 beds
	Total =	\$1,490.00	

**Renewal for the Intranet version is \$65.00 per year, per 100 beds or portion thereof.**

First 100 beds	\$ 595.00
_____ x \$179.00	\$ _____
	\$ 2.00 processing fee
Order Total: _____	

**There are no Taxes or Shipping on intranet purchases.**

**WE WILL REQUIRE A COPY OF YOUR AGENCY FOR HEALTH CARE ADMINISTRATION CERTIFICATE INDICATING THE NAME OF YOUR FACILITY AND THE LICENSED BED CAPACITY.**

*Please make checks payable to: Florida Dietetic Association, P. O. Box 12608, Tallahassee, Florida 32317-2608  
Phone (850) 386-8850 FAX (850) 386-7918 E-mail: info@eatrightflorida.org  
www.eatrightflorida.org*