

Order Form

Healthcare Acronyms ■ Abbreviations ■ Terms

Complete the information requested below and mail this form with your payment to:

**HANYS' Corporate Communications
One Empire Drive
Rensselaer, NY 12144**

Additional copies are \$7.50 for HANYS Members and \$30 for non-members.

Please send me _____ copies of *Healthcare Acronyms ■ Abbreviations ■ Terms*.

Enclosed is my check for \$_____

Please indicate if you are a member of the Healthcare Association of New York State:

- Yes, my organization is a HANYS member.
- No, my organization is not a member. Please send me information regarding membership.*
- No, my organization is not a member. I do not wish to receive information regarding membership.

Name

Organization (if applicable)

City/State/ZIP Code

Street Address

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Questions?

HANYS' Corporate Communications ■ 518.431.7770

**To be eligible for membership with the Healthcare Association of New York State, your organization must be a non-profit healthcare facility within New York State. Additional member categories are available for select non-profit organizations. Please call HANYS' Member Engagement office at 518.431.7901 for more information.*

