

HAWAII DIET MANUAL - 8th Edition INSTITUTIONAL ORDER FORM

Name of Facility _____ Receipt No. _____

Address _____

City _____ State _____ Zip Code _____

Contact Person/Title _____

Telephone: Day () _____ Evening () _____

Fax () _____ Email _____

Membership Status: _____ Non-HDA (\$55)	
Number of Manual(s) _____	Subtotal Cost _____
Shipping/Handling Fees *	Shipping/Handling Fee _____
1 to 6 manuals - \$10 per manual	
7 or more manuals - \$8 per manual	
International: Unable to determine →	AMOUNT DUE _____

* Domestic postage rates may change as determined by the US Postal Service. Oahu orders will not be mailed.
→ Fill out order form. Postage adjustment may be necessary. Contact will be made to purchaser regarding exact amount of payment.

METHOD OF PAYMENT U.S. currency only. No cash, purchase orders, or travelers checks.

_____ **Check** Make check payable to Hawaii Dietetic Association. Check # _____

_____ **Money Order / Cashiers Check** For exact amount only.

_____ **Credit Card**

VISA Name on Card _____

MasterCard Credit Card Number _____

Expiration Date _____ Phone Order _____

All checks and credit card payments must have bank clearance or approval before pick-up and/or distribution of the manual(s). Therefore, these types of payments will not be accepted on same day of purchase or pick-up. Notification to the purchaser for pick-up will be made by phone, fax, or email.

Please submit diet manual order and payment to: Hawaii Dietetic Association, PO Box 22298, Honolulu, Hawaii 96823-2298. Attention: Hawaii Diet Manual. Allow 4 to 6 weeks for delivery.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

Bank Clearance: Payment Recd Date _____ Approval Date _____ Purchaser Contact Date _____

Order Picked Up By (name and date) _____

Order Processed By (name and date) _____

HDA INSTITUTIONAL ORDER FORM INSTRUCTIONS
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1. Fill out information completely except for receipt number and official use only.
2. **Calculating AMOUNT DUE**
 - a. **Price of diet manuals for institutional sales are \$55 per manual.**
 - b. Number of manual(s) is the number of manuals desired for this order. [Note: For acute care hospitals, please be advised that by current State licensure and/or Federal certification regulations, diet manuals must be accessible to all medical, nursing, and dietary personnel on a 24 hours/7days a week basis.]
 - c. Subtotal Cost is \$55 multiplied by the number of manual(s) desired.
 - d. Shipping and Handling Fee.

All Oahu orders will not be mailed.

S/H fees will be calculated as follows: For orders up to 6 manuals add \$10 per manual. For orders for 7 or more manuals, add \$8 per manual. (Example: If ordering 10 manuals, total S/H fee is \$80.) S/H fees may be subject to change when changes in postal rates are made by the US Postal Service. When this occurs, look for possible revised shipping and handling fees on the website.

AMOUNT DUE. Add the subtotal cost and the shipping and handling fee (as appropriate).

Arrangements will be made for pick up and distribution of Oahu manuals.

3. **METHOD OF PAYMENTS.**
 - a. Cash, purchase orders, and travelers checks will not be accepted. Payments must be in US currency.
 - b. Checks and credit card payments must be cleared by the bank **before** diet manuals will be distributed (picked up or mailed). Therefore, these types of payments will not be accepted on the day of purchase or pick-up. Notification to the purchaser regarding pick-up arrangements or mailings will be made by phone, fax, or email.
 - c. Money orders or cashiers check must be for exact amount only.
4. **Send diet manual order and payment to: Hawaii Dietetic Association, PO Box 22298, Honolulu, Hawaii 96823-2298. Attention: Hawaii Diet Manual.** Allow 4 to 6 weeks for processing and delivery.
5. Sign and date the form.
6. Any questions should be directed to:
Sandra Nagareda, RD, MPH
Diet Manual Sales Coordinator
snagareda@hawaii.rr.com
Ruby Hayasaka, RD, MS, MA
Diet Manual Committee, Co-Chairperson
hayasara@ah.org