



Hawai'i Diet Manual Order Form

Date	Name	Email
	First	Last
Contact Phone Number	Type of Purchaser	HAND Member ID
		Company Name
Facility Intranet: # of licensed beds		# of clinic sites
Mailing address for hard copies		
P.O. Box or Number, Street, Suite/Apt		
City, State/Province		Zip/Postal Code
		Country

SELECTION (choose all that apply)

Member¹

	Price	Quantity	Subtotal
Print Copy -----	-----	-----	
PDF Copy -----	-----	-----	
Combo (1 Print/1 PDF) -----	-----	-----	

Non-Member/Facility/Clinic/Institution

Print Copy -----	-----	-----	
PDF Copy ² -----	-----	-----	
Combo (1 Print/1 PDF) ² -----	-----	-----	

Institution Intranet PDF³

51 - 150 beds -----	-----	-----	
151 - 250 beds -----	-----	-----	
251 - 350 beds -----	-----	-----	
351 - 450 beds -----	-----	-----	
451 - 550 beds -----	-----	-----	

Multi-site Clinics/Facilities Additional PDF³

2 - 5 sites -----	-----	-----	
6 - 10 sites -----	-----	-----	
>10 sites -----	-----	-----	

Other: please specify

¹ HAND Member Price: limit of 1 print copy, 1 PDF or 1 combination pack per member. Additional print copies are \$ 100 each. PDF may be used on personal devices such as laptop, tablet or smart phone and on 1 computer at work site.

² For Non-Member and Small Facility (<50 beds) only: PDF may be used on all computers and devices at one (1) site only.

³ Institution Intranet: price of multiple electronic copies for facility intranet use is based on # of licensed beds **and** # of clinic sites.

Check here when finished or updating selections to ensure proper calculation of total due.

Total due:

FREE SHIPPING throughout the USA & PACIFIC ISLANDS.

If you prefer to pick-up your manual, please check here and we will make arrangements by phone or email.

SUBMIT THIS FORM TO: treasurer@eatrighthawaii.org or upload your completed form on our [website page](#)

PAYMENT METHOD: no cash, purchase orders or travelers checks

Credit card Payment will be collected directly via the secure Square register. An invoice from Square, Inc will be sent to the email you provided along with instructions on how to submit your payment. This process may take several days.

Check/Money Order/Cashier's Check in USD only, payable to *Hawai'i Academy of Nutrition and Dietetics*

Mail check to: HAND
Attn: Diet Manual
P.O. Box 22298
Honolulu, HI 96823-2298

Order will process once payment is cleared. PDF copy will be sent for downloading with your payment receipt. Please allow 2 - 4 weeks for processing and shipping of print copies.

Contact for questions: Amy Tousman
tousman@hawaii.edu

FOR OFFICIAL USE ONLY

Bank clearance: Payment Rec'd Date

Approval Date

PDF file e-mailed by:

Date:

Date Print copy order e-mailed to diet manual chair:

Print copy mailed by:

Date: