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Single User Subscription Order Form

Type of Order: Single User Subscription $445.00

User's Name: _____

Company: _____

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Telephone Number: _____ ext: _____

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Apps: Below are our most popular Apps, for a complete list, please visit www.ahd.com/apps.html

□ Clinical Cost Analyzer	$745	_____
□ Ambulatory Surgery Center Profiler	$345	_____
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□ Profile Compare	$245	_____
□ System Compare	$245	_____
□ other _____	$_____	_____

Total ($445 subscription price + Apps): _____

Payment Method:

□ Check enclosed (make payable to "American Hospital Directory")

□ Purchase Order (please include a copy of the Purchase Order with this form)

□Visa □Mastercard □AMEX □Discover

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Cardholder's Name _____

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City State Zip

Mail : American Hospital Directory
166 Thierman Lane
Louisville, KY 40207

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support@ahd.com