



**HIPAA/HITECH COMPLIANCE KIT
ORDER FORM**

Please send me:

Employer/Health Plan kit-

_____ I am a returning Miller Johnson kit customer (previously purchased a kit) - \$500 for each
_____ I am a new Miller Johnson kit customer - \$850 for each

Business Associate kit-

_____ I am a returning Miller Johnson kit customer (previously purchased a kit) - \$400 for each
_____ I am a new Miller Johnson kit customer - \$600 for each

Medical FSA/HRA kit-

_____ I am a returning Miller Johnson kit customer (previously purchased a kit) - \$250 for each
_____ I am a new Miller Johnson kit customer - \$350 for each

_____ Check if you recently attended, or are registered to attend, a Miller Johnson
HITECH/HIPAA Workshop (the \$100 discount will apply).

Name _____

E-mail Address _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Payment Method

Check enclosed Credit card*

***If paying by credit card, Miller Johnson will email you instructions on how to pay online after you submit this form.**

Mail, fax, or e-mail this form to:

Marcia Streeter

Fax: 616.988.1871

Phone: 616.831.1871

streeterm@millerjohnson.com

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