



Student # _____

(For office use only)

**VITAMINS, MINERALS & NUTRACEUTICALS
ORDER FORM**

PERSONAL INFORMATION					
Name (First/Middle/Last)				Date	
Maiden Name		Nickname		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Street Address (not box #)			Social Security Number		
City		State/Province		Zip/Postal Code	Country
Home telephone	Work telephone		Cell phone		E-mail
Business name or employer			Position/Title		
Business/employer address			Years there?		Hours worked per week?
City		State/Province		Zip/Postal Code	Country

METHOD OF PAYMENT
<input type="checkbox"/> A Check or Money Order payable to Huntington College of Health Sciences in the amount of \$99 is attached <input type="checkbox"/> Charge appropriate amount to my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card <input type="checkbox"/> American Express Card #: _____ Exp. Date _____ Signature _____

FAX Fill in the credit card information on the order form to pay the fee of \$99. Fax the application to **1-865-524-8339**.

MAIL Either fill in the credit card information on the application or enclose a check or money order for \$99 made payable to Huntington College of Health Sciences. Mail your application to: **Registrar**, Huntington College of Health Sciences, 1204-D Kenesaw, Knoxville, Tennessee 37919-7736.

If you list an e-mail address on your form, a message will be returned acknowledging receipt of your order form. An order form will not be processed until the fee is received.