

The HME Benchmarking Toolkit

Measure your success and map your future

Total Number of DVDs ordering: _____

Total Amount to be Charged to credit card (# ordering x \$99): _____

Name: _____

Company: _____

Phone: _____ Email: _____

Credit Card Type: Visa Master Card AMEX

Card Number: _____ Exp Date: _____

Signature: _____ Date: _____



BILLING ADDRESS

Address: _____

City: _____

State: _____ Zip: _____

SHIPPING ADDRESS - same as Billing

Address: _____

City: _____

State: _____ Zip: _____

Return via fax to: 207-846-0657

System & Software Requirements:

Mac or PC compatible with DVD
Quicktime 7.0
Microsoft Powerpoint 2004 or greater
Microsoft Excel 2004 or greater
Adobe Acrobat Reader 5.0 or greater

For more information contact:

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