

RAND Hospital Data

Subscription Order Form

INSTRUCTIONS:

If you are unable to pay via PAYPAL and would prefer to pay via check or purchase order, please follow the steps below:

1. Print this form
2. Fill out the form and include it with your check or purchase order. Please make checks payable to: **RAND Corporation**
3. Mail or fax to:
RAND Corporation
Attn: ACCTG, MAILSTOP M4N (c/o RAND Hospital Data)
P.O. Box 2138
Santa Monica, CA 90407-2138
Tel: 310-393-0411 ext. 6372 (Acctg)
Fax: 310-260-8011 (Acctg)
4. Your account will be activated once payment is processed, and you will receive a notification and receipt via email.

Subscriber Contact (First Name, Last Name): _____

Subscriber Email (no aliases please): _____

Company Name: _____

Mailing Address: _____

Payment Processing Email: _____

Phone Number: _____

Subscription Type: _____

Payment Method:

Please invoice. A purchase order is enclosed (U.S. only) **PO Number:** _____

A check is enclosed in the amount of \$ _____ (U.S. only)

Please Note: The above information is used solely to administer your account. It is not used for solicitation and is not disclosed to other individuals or organizations