

Health Management Partners, Inc.

COMPANY MATERIAL REQUEST FORM

Date: _____

Company Name: _____

Requestor Name: _____

Telephone Number: _____

Reason for Request: _____

<u>Item Description</u>	<u>Prices Subject to Change</u>		
	<u>Cost Per Item</u>	<u>Quantity</u>	<u>Total Cost</u>
Manager Brochure	\$0.00	_____	_____
Employee Brochure	\$0.00	_____	_____
Wallet Cards	\$0.00	_____	_____
Posters - Unframed	\$0.00	_____	_____
Posters - Framed	\$15.00	_____	_____
Videos	\$50.00	_____	_____
Printed Quarterly Newsletters	\$0.36	_____	_____
Other	Quote	_____	_____

AMOUNT DUE _____

For HMP Use Only:
Processed By: _____
Date: _____

This form is to be faxed to HMP at (985) 624-2622 or e-mailed to administrator@consulthmp.com.
 If urgent, leave a message at (985) 624-4842 after submitting request.