

Massachusetts Coalition
for the
Prevention of Medical Errors

ORDER FORM

Reconciling Medications
Safe Practice Recommendations and Implementation Tools

\$50 per Binder, plus \$5.00 Shipping & Handling Fee within the United States

MAILING ADDRESS:

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Binder	Shipping & Handling	Quantity	Total Charge
\$50.00 each	\$5.00 each		

Please make checks payable to:
MA Coalition for the Prevention of Medical Errors
5 New England Executive Park Drive
Burlington, MA 01803

Address e-mail to macoalition@mhalink.org with questions