



**North Carolina Board of Dietetics/Nutrition**  
**1000 Centre Green Way, Suite 200**  
**Cary, NC 27513**  
**PH: (919)861-5580 or (800)849-2946**  
**Fax: (919)882-1776**  
**Email: [info@ncbdn.org](mailto:info@ncbdn.org)**

**NCBDN Publications**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email : \_\_\_\_\_

Quantity	Title	Unit Price	Total Price
	<b>Making Weight Control Services Safe In North Carolina:</b> An Independent Study Program for Certified Reviewers (Includes NC Weight Control Guidelines) (For Prospective Certified Reviewers )	\$150.00	
	<b>North Carolina Weight Control Guidelines on Nutrition:</b> Standards for Safe Weight Control (For Weight Control Centers) Hard copy	\$35.00	
	<b>North Carolina Weight control Guidelines on Nutrition:</b> Standards for Safe Weight Control (For Weight Control Centers) CD Format	\$20.00	
	<b>Weight Control Program Review Forms</b> (packet of Ten 3-part carbonless 2-page forms) (For Certified Reviewers )	\$10.00	
<b>Total Amount Paid:</b>			

Payment Method: Cash Check Visa Master Card

Name as it appears on card: \_\_\_\_\_

Acct. Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature of card holder \_\_\_\_\_

**The following information is required if different than above.**

Address of card holder \_\_\_\_\_

Telephone number of card holder \_\_\_\_\_

Email address of card holder \_\_\_\_\_

**For NCBDN office use only:**

**Date Received:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Date Mailed:** \_\_\_\_\_ **Sent by:** \_\_\_\_\_