

Request for Certificate Reprints



There is a \$10.00 charge for a duplicate certificate. Payment must be received before request can be processed.

Date of Request _____

Participant Name _____

Address _____

Telephone Number _____

E-Mail Address _____

Program Title _____

Program Date _____

Program Location _____

Please mail request along with a check made payable to Mid-Carolina AHEC, Inc. for \$10.00 to:

Mid-Carolina AHEC, Inc.
P.O. Box 2049
Lancaster, SC 29721
Phone (803) 286-4121
Fax (803) 286-4165

For Office Use Only

Date Check Received _____ Date Certificate Mailed _____

Signature _____