

ORDER FORM

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ORDERED BY: Please print or type Name			SHIP TO:	SHIP TO: Complete only if different from ordered by				
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City	State	Zip	City			State	Zip	
Telephone			 Telephone					
Cardholder's signature	ı	Expiration date						
Catalog/Item Number		Title			Quantity	Price	Extended Price	
HRET-62-450821-019	It's Your Healthcare: Be Involved - English				500 1,000 2,000 5,000	\$290 \$325 \$450 \$825		
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Payment method: All orders must be prepaid by che		be paid on all orders		hipping and handlir	ng	Subtotal		
credit card. No purchase orders a ed.	accept- shipped to N.J with a copy of tificate at time	. unless you provide us your sales tax-exempt cer of order.	charges are no -	w iaxable.		Shipping & Handling		

14-day
Satisfaction

Guarantee!

Shipping and handling charges apply to all domestic and Canadian orders

single complimentary copies ... no charge for shipping

Up to \$25.00 ... add \$5.95 \$100.01 to \$200.00 ... add \$13.95 \$25.01 to \$50.00 ... add \$7.95 \$200.01 to \$300.00 ... add \$15.95 \$50.01 to \$75.00 ... add \$9.95 \$75.01 to \$100.00 ... add \$11.95 \$301.00 and above ... add \$39.95

(U.S. Funds Only)

NJ 7%

Total

Sales Tax