

ORDER FORM

Name/Delivery Information

Name/Organization _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Extension _____ Fax (_____) _____

Therapy Workbooks

- ____ Therapy Guide Volume 1 *English* \$50.00 _____
- ____ Therapy Guide Volume 1 *Spanish* \$50.00 _____
- ____ Therapy Guide Volume 2 \$40.00 _____
- ____ Therapy Guide Volume 3 \$40.00 _____
- ____ Putting the Pieces Together Volume 4 \$50.00 _____
- ____ Therapy Guide Volume 5 \$50.00 _____

*Discount - 5% off total price of **above items only (must be 3 different products)** **Subtotal** _____

DVDs & Booklet

- ____ DVD & Booklet — Working With Words On Your Own \$50.00 _____
- ____ Booklet Only \$ 8.50 _____
- ____ DVD & Booklet — Working With More Words On Your Own \$50.00 _____
- ____ Booklet Only \$ 8.50 _____
- ____ DVD & Booklet — Working With Phrases On Your Own \$50.00 _____
- ____ Booklet Only \$ 8.50 _____

Other Materials

- ____ Intergenerational Kit \$30.00 _____
- ____ Conversation Starters Activity Kit \$25.00 _____
- ____ Memory Fitness Toolkit \$25.00 _____
- ____ Because You Care \$15.00 _____

Product Subtotal (Before Discount) _____

Postage/Handling & Sales Tax (Calculated Before Discount)

Tax Exempt Number (if applicable) _____ 6.5% Sales Tax (Ohio Residents Only) _____

<u>United States</u>	<u>AK, PR & Canada</u>
Postage Minimum: \$10.00	Postage Minimum: \$14.00
Subtotal \$75-\$200: 14%	Subtotal \$89-\$200: 18%
Subtotal Over \$200: 12%	Subtotal Over \$200: 16%

Shipping _____
 *Less Discount from above _____
TOTAL _____

Shipping in continental US: Shipped via UPS — **No P.O. Box Numbers** — Allow 4 weeks

Shipping outside continental US: Shipped via mail (book rate) — Allow 8 weeks

PAYMENT: Check Visa Master Card Discover American Express

*Full payment or complete charge card information must accompany personal orders. All charge cards subject to authorization/verification.

Account No. _____ Exp. Date _____ 3 or 4-Digit Code _____

Signature _____

Billing Address (if different from mailing address) _____

Return completed order form to: Visiting Nurse Service and Affiliates
 Attention: Speech Book Order Dept. • #1 Home Care Place • Akron, OH 44320
 Tel: 1-800-362-0031, Ext. 6284 • Fax: 330-848-6201
 For additional order forms visit: www.vnsa.com/speech.htm