

Order form for *Cancer Involvement Program*

Please fill in form completely:

Company Name if applicable: _____ Date: _____

Resale Tax ID numbers: (Missouri dealers must mention their resale number with the order): _____

Contact Name: _____

Contact Phone Number (s) _____

Billing Address: _____

City _____ State _____ Zip _____

Ship to Address: _____

City _____ State _____ Zip _____

Combined

Quantity	Discount
1-2	no discount
3-4	20% off
5-99	40% off
100 or more	50% off

CASSETTE Format

Unit \$	Ground	Priority
\$139.95/unit	\$13/unit	\$23/unit
111.96/unit	\$6/unit	\$10/unit
83.97/unit	FREE	
69.98/unit	FREE	

CD Format

Unit \$	Ground	Priority
\$169.95/unit	\$11/unit	\$20/unit
135.96	\$5/unit	\$9/unit
101.97	FREE	
84.98	FREE	

Quantity: _____ Cancer Involvement Program (**cassette**) ISBN 1-932153-21-7 Unit Price: _____ Price: _____

Quantity: _____ Cancer Involvement Program (**CD**) ISBN 1-932153-22-5 Unit Price: _____ Price: _____

Subtotal: _____

7% Tax if shipping to the state of Missouri: (subtotal x .07325) = _____

S/H: Unit Cassette S/H cost _____ x No. of units _____ = _____

Unit CD S/H cost _____ x No. of units _____ = _____

TOTAL PURCHASE PRICE: _____


Terms are 30 days from date of invoice. A finance charge of 1.5% per month will be added to all balances over 60 days.

Credit. Orders must be prepaid or send bank and three trade references by one of the methods below.

Shortages or nonreceipt must be reported within 15 days of the ship date.

Promotional materials. We can supply photographs of our publications for your catalog.

Send order form  **By Mail;**  **By Phone;** or  **By Fax:** See information below.

 **By Email:** orders@ONEhealthpublishing.com or visit our home page at www.ONEhealthpublishing.com.



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