



The Book of Choice™
Support for Parenting a Child Who Is Deaf or Hard of Hearing

ORDER FORM

Date _____ Contact _____

PURCHASE ORDER # _____ Check Enclosed Charge

Name/Organization _____

Billing Address _____

City _____ State _____ Zip _____

Ph (_____) _____ email _____

- Ship TO: (same as above) OR
- Ship to different address than billing (NO P.O. Boxes on FEDEX Shipments)

_____ Zip _____

Attn: _____

<u>Order Item</u>	<u>Quantity</u>	<u>Total</u>
<input type="checkbox"/> One - Five Copies at \$14.95/ea + \$4.95/ea S&H*	_____	\$ _____
<input type="checkbox"/> Six copies or more at \$14.95/ea + \$1.95/ea S&H	_____	\$ _____
<input type="checkbox"/> 25 copies or more at \$11.95/ea + \$1.95/ea S&H	_____	\$ _____

TOTAL ORDER WITH *SHIPPING/HANDLING \$ _____

Visa / Mastercard / American Express (Please Circle type)
 # _____

Exp _____ Name as it appears on the card: _____

Cardholder Address/State/Zip _____

 Authorized Signature _____ Date _____

Please allow three weeks for delivery, and make checks payable to:

Hands & Voices
 PO Box 3093, Boulder CO, 80307 USA
 Order form may be faxed to: 303-492-3274 Attn: Janet DesGeorges