



"Benefits of S.M.A.R.T." DVD Order Form

Name _____

Mailing Address _____

City/State/Zip _____

Phone Number _____ Fax Number _____

Billing Address (if different) _____

City/State/Zip _____

Benefits of S.M.A.R.T. DVD Number of copies ____ x \$15 = _____ x .074 tax = _____

Shipping and handling charge of \$4.00 will be added.

If you are tax exempt, please give your tax exempt number _____

Method of payment: ___ Check ___ Credit Card ___ PO (please include copy)

Credit Card Type: ___ Visa ___ MC ___ Discover

Card Number: _____ Exp Date: _____

Authorization Signature: _____

Please send or fax order form to:

Amy Deden
MLRC
1800 2nd St NE Minneapolis, MN 55418

Fax 612-706-5555