

Autism Recovery: The First Twenty-two Months Video Order Form

Please print clearly. Thank you.

Ordered by:

Name _____

Organization _____

Mailing address _____

City, State, Country _____

Zip or Postal Code _____

Phone number _____ (you will only be contacted in the event of delivery difficulty).

Ship to (if different than above):

Name _____

Organization _____

Mailing address _____

City, State, Country _____

Zip or Postal Code _____

Message (optional) _____

Number of videos ordered _____ @ \$19.95 each = \$ _____

Shipping and handling \$ _____

Tax (CO residents) \$ _____

Total \$ _____

Shipping and handling:

3 or less = \$4.95

4-10 = 15.95

11-25 = 26.95

Please make checks payable to Michelle Cheney. Please return completed form with payment to Autism Recovery Education, P. O. Box 5339, Durango, CO 81301 USA. Orders shipped USPS. Thank you.