

ORDER FORM

COGNITIVE REHABILITATION MANUAL



> DR. MS. MR.

FIRST NAME | LAST NAME | CREDENTIALS

> _____
ORGANIZATION | TITLE | DEPARTMENT

> _____
EMPLOYER STREET ADDRESS | FLR / STE

> _____
CITY | STATE / PROVINCE | ZIP / POSTAL CODE | COUNTRY

> _____
PHONE #

> _____
MOBILE #

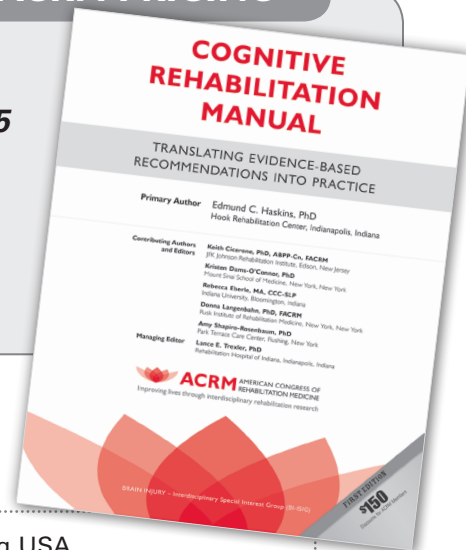
> _____
E-MAIL

SPECIAL ACRM PRICING

ACRM Members
ONLY \$95 **SAVE \$55**

Non-Members
\$125 **SAVE \$25**

REGULAR PRICE \$150



ORDER

Quantity _____ x \$ 95 = \$ _____

Quantity _____ x \$125 = \$ _____

Quantity _____ x \$150 = \$ _____

TAX (VA residents add 5%, IL residents add 6.25%) \$ _____

Shipping & handling \$ _____

TOTAL \$ _____

FOR LARGER ORDERS PLEASE CONTACT:

JENNY RICHARD
ACRM Chief Operating Officer
EMAIL: jrichard@ACRM.org TEL:
+1.703.574.5845

MORE INFO:

www.ACRM.org/COG

Shipping & handling USA

# OF COPIES	COST
1	\$9
2	\$15
3	\$21
4	\$26
5+	inquire

Contact us for shipping outside of the USA.

PAYMENT OPTIONS (Payment accepted in U.S. dollars only)

Check payable to **ACRM**

Mail to: PO BOX 896700 Charlotte, NC 28289-6700

Credit Card

Fax to: +1.866.692.1619

Email to: MemberServices@ACRM.org

Email address to send payment confirmation _____

VISA MasterCard Amex Discover

Card # _____

Exp _____ Security Code _____

Signature _____

SUBMIT

EMAIL: MemberServices@ACRM.org
OR

FAX: +1.866.692.1619

OR

MAIL: PO BOX 896700 Charlotte, NC
28289-6700

BILLING ADDRESS

Check if same as mailing address as above

Address 1 _____

Address 2 _____

City _____

State / Province _____

Zip / Postal Code _____

Country _____