PREPAID PRODUCTS TO BE SHIPPED

SEMINAR CITY _____

DATE_____

ORDER # 1

ITEM(S) PURCHASED

_____

_____

PLEASE PRINT : NAME_____

  NEATLY   ADDRESS_____

              CITY_____ ST._____ZIP_____

              DAYTIME PHONE (_____)_____

              METHOD OF PAYMENT _____ AMOUNT $_____

DATE SHIPPED _____

ORDER # 2

ITEM(S) PURCHASED

_____

_____

PLEASE PRINT : NAME_____

  NEATLY   ADDRESS_____

              CITY_____ ST._____ZIP_____

              DAYTIME PHONE (_____)_____

              METHOD OF PAYMENT _____ AMOUNT $_____

DATE SHIPPED _____

ORDER # 3

ITEM(S) PURCHASED

_____

_____

PLEASE PRINT : NAME_____

  NEATLY   ADDRESS_____

              CITY_____ ST._____ZIP_____

              DAYTIME PHONE (_____)_____

              METHOD OF PAYMENT _____ AMOUNT $_____

DATE SHIPPED _____