

1 Bill to (include copy of P.O. or advance payment)

Existing Account New Account

Name _____

Title _____

Institution _____

Billing Address _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____

Email Address _____

Tax Exempt # _____

(If applicable, please include a copy of your tax exempt certificate with your order.)

2 Ship to (if other than BILL TO address – P.O. boxes are NOT accepted)

Name _____

Title _____

Institution _____

Shipping Address _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____


Email Address _____

4 Items Ordered (prices and shipping fees subject to change)


ITEM#	TITLE OR DESCRIPTION	PRICE	DISCOUNT	QUANTITY	TOTAL PRICE
HSC3	High School Curriculum	\$849			
MSK3	Middle School Kit	\$349			
ESK1	Elementary School Kit	\$329			

Items may be returned for exchange or credit only with prior authorization and within 90 days of purchase. Only items that are in original packaging and salable condition will be accepted for return. CD-ROMs and DVDs are never returnable. FON is not responsible for the cost of shipping returns. Returns may be subject to a 15% re-stocking charge.

3 WAYS TO ORDER

MAIL  Send **Purchase Order** or **Payment** to: **Friends of Narconon**
622 E Villa St
Pasadena CA 91101

FAX  **1-866-415-1020**

ONLINE  www.drugeducationprogram.com
info@drugeducationprogram.com

3 Method of Payment

Check or P.O. enclosed. Do not send cash or coins.

P.O. Number (Include copy of P.O.) _____
(Make check payable to FRIENDS OF NARCONON in U.S. funds)

Charge to my:   

Card # _____

Expiration Date _____ Security Code _____

Signature _____

Cardholder's Billing Address _____

Subtotal	
Sales Tax	
Shipping	
Order Total	