

# DH Meth-Ed, Inc.

## ORDER FORM (PLEASE PRINT)

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If shipping address is different (*Street address required*), please complete below:

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

We will e-mail a confirmation when your order is shipped. We will also send you updates on new seminar sessions or products released, as this information is released. If you would like to opt out of the e-mail updates, please check here

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|   |          |
|---|----------|
| <input type="checkbox"/> One copy "Precision in Peridontal Instrumentation" DVD-R (76 minutes)      | \$149.95 |
| Shipping and Handling   | 7.50     |
| Sales Tax (applicable Florida sales tax will be added to DVD cost on all shipments to FL addresses) | _____    |
| Total –   | \$ _____ |

***If ordering three or more copies, please complete the section below:***

Number of copies

\_\_\_\_\_ Copies "Precision in Peridontal Instrumentation" DVD-R (76 minutes) @ \$139.95 each \_\_\_\_\_

\_\_\_\_\_ Shipping and handling @ \$6.00 per copy \_\_\_\_\_

Sales Tax (applicable Florida sales tax will be added to DVD cost on all shipments to FL addresses) \_\_\_\_\_

Total – \$ \_\_\_\_\_

**Payment form:**

Check (make payable to DH METH-ED INC.)

Credit card (VISA, MasterCard), complete the following (credit card will be billed when order is shipped) –

Name on card: \_\_\_\_\_

Account number: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Mail completed order form (with check if applicable) to:***

DH Meth-Ed, Inc.  
2743 Westbury Drive  
Tallahassee, FL 32303

All products come with sixty day warranty against defects. If the product is defective, return it to us for replacement or full refund, at our option.  
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