

Matrix Model Manual Order Form

**Culturally Adapted Client Handouts
For American Indians & Alaskan Natives**

Contact Information

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 Email: _____

<u>Manuals</u>	<u>Price</u>	<u>Quantity</u>	<u>Amount</u>
<i>Culturally Adapted Client Handouts For American Indians/Alaskan Natives</i>	\$149	_____	\$ _____
<small>(to be used in conjunction with the Matrix Model Manual of Intensive Outpatient Treatment)</small>			
Sales Tax: 9.25% (CA residents only)			\$ _____
Shipping: Add \$20 for orders up to \$750 Add \$35 for orders over \$750			\$ _____
TOTAL AMOUNT DUE			\$ _____

Payment Information

Payment Method: VISA MC Check (Ck# _____)
 Credit Card Number: _____
 Exp. Date: _____ CVV # (last 3 digits on back): _____
 Cardholder's Name: _____
 Signature: _____

Shipping Address: (If different from Contact Information)

