

ORDER AND PAYMENT FORM

Item Number 1-30 / quantity: item # _____ quantity _____

Sub-total of order _____

Sales Tax: Florida residents add 7% _____

S/H for first item \$3.00

Each additional item \$1.00 _____

Grand total for your order _____

Method of payment: **visa, master card, discover,**
Debit/credit card.

If you choose to download and mail order form
we accept **checks** for payment

Card number: _____

Expiration date: _____

Three number code on back of card: _____

Place a page link for the **register on line** information. On my current web site it takes you to the contact page.

Register on line for the seminars: this will go to a separate page with the following information on it:

Call for dates and times of seminar

Dr. Name:

Dr address:

Email:

Class location:

Class: Fraud ____ Forensic Physician ____