

## COPD Patient Education DVD Order Form

Please Type, Print Clearly, or Attach Business Card.

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

Place of Employment: \_\_\_\_\_ Designation: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Pricing

Number of DVD Copies	Price per DVD <i>(includes 2-disc set with shipping)</i>
Less than 5 copies	\$20 each
6 - 25 copies	\$19 each
26 - 50 copies	\$17 each
Greater than 51 copies	\$15 each

I would like to purchase \_\_\_\_\_ (indicate quantity) COPD DVDs.

Order Total (Number of copies x Price per DVD listed above) = \$ \_\_\_\_\_

### Payment Information

1. Full payment by check or credit card must accompany this form (US funds only). Orders will not be fulfilled until payment has been received and processed.

2. Checks should be made payable to AACVPR and mailed to:

**AACVPR - Membership**  
**8349 Solutions Center**  
**Chicago, IL 60677-8003**

3. Forms with credit card payment may be faxed to 312/673-6924

**Please note:** To avoid being double charged, please do not fax more than once and do not mail a form that has already been faxed.

4. Total Payment: \$ \_\_\_\_\_

Check (no purchase orders please)

Visa

MasterCard

AMEX

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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