

Dyslexia Program Teaching (DPT) Kit Order Form

Name: _____

Phone: (____) _____ - _____

Fax: (____) _____ - _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country if applicable: _____

Number of DPT Kits _____ @ \$879.94 (\$799.95 each + 43.99 tax + \$36.00 S/H)

Total Enclosed \$ _____

Form of Payment (check appropriate line)

Money Order

(International orders only. Enclosed with order and made payable to Christenson Vision Therapy Center)

Check

(enclosed with order and made payable to Christenson Vision Therapy Center)

Credit Card

Card # _____ Exp Date: ____/____ Security Code _____
(3 digit code on back of card)

Print Name as it appears on card: _____

Signature _____

Send order to:

CHRISTENSON VISION THERAPY CENTER

2215 Vine Street, Suite E1

Hudson, WI 54016

Or Call (715) 381-1234

Or Fax 24 hours a day: (715) 381-5357

