

## ORDER FORM

Name \_\_\_\_\_

Company \_\_\_\_\_

PRODUCT	PRICE	QTY	TOTAL
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### NEW EARTHQUAKE Products

Participant's Exercise (Minimum order: 5)		_____	_____
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Facilitator's Guide (Only one copy is needed)		_____	_____
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DVD Video		_____	_____
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PowerPoint© Slides		_____	_____
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### CARIBBEAN ISLAND SURVIVAL II Products

Participant's Exercise (Minimum order: 5)		_____	_____
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Facilitator's Guide (Only one copy is needed)		_____	_____
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PowerPoint© Slides		_____	_____
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### WHITEWATER Products

Participant's Exercise (Minimum order: 5)		_____	_____
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Facilitator's Guide (Only one copy is needed)		_____	_____
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PowerPoint© Slides		_____	_____
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### ALASKAN ADVENTURE Products

Participant's Exercise (Minimum order: 5)		_____	_____
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Facilitator's Guide (Only one copy is needed)		_____	_____
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PowerPoint© Slides		_____	_____
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### ACCELERATION SERIES Products

Team Leader Inclusion		_____	_____
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New Team Formation		_____	_____
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New Leader Transition		_____	_____
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Facilitator's Guide (Only one copy is needed)		_____	_____
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### GROUP PROCESS QUESTIONNAIRE Products

Participant's Exercise (Minimum order: 5)		_____	_____
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Facilitator's Guide (Only one copy is needed)		_____	_____
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### SHIPPING PREFERENCE

standard    2-day    overnight

Name \_\_\_\_\_ Company \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ ST\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## PAYMENT

Visa  MasterCard  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address for card (if different from contact address)

Street \_\_\_\_\_  
City \_\_\_\_\_ ST\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Order Shipping Address (if different from contact address)

Street \_\_\_\_\_  
City \_\_\_\_\_ ST\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

## ORDERING

Fax completed form to 734-726-5067.  
Call 734-726-5404 for support.

TO BE COMPLETED BY OFFICE

SUBTOTAL	_____
DISCOUNTS	_____
SALES TAX (MICHIGAN)	_____
SHIPPING	_____
TOTAL	_____