1 Bill to (include copy of P.O. or advance payment)

❑ Existing Account ❑ New Account

Name

Title

Institution

Billing Address

City State Zip

Telephone ( ) Fax ( )

Email Address

Tax Exempt #

(If applicable, please include a copy of your tax exempt certificate with your order.)

3 WAYS TO ORDER

FAX 1-914-421-2007

ONLINE www.lifeskillstraining.com
lstinfo@nhpamail.com

MAIL Send **Purchase Order** or **Payment** to:

Princeton Health Press
1025 Westchester Avenue
Suite 410
White Plains, NY 10604

2 Ship to (if other than BILL TO address – P.O. boxes are NOT accepted)

Name

Title

Institution

Shipping Address

City State Zip

Telephone ( ) Fax ( )

Email Address

Does site accept skids or pallets*? ❑ Yes ❑ No

*Special Shipment

3 Method of Payment

❑ Check or P.O. enclosed. Do not send cash or coins.

P.O. Number (Include copy of P.O.)_____

(Make check payable to PRINCETON HEALTH PRESS in U.S. funds)

CREDIT CARD ORDERS ACCEPTED ONLINE ONLY

4 Items Ordered (prices and shipping fees subject to change)

ITEM#	PRICE	TITLE OR DESCRIPTION	QUANTITY	TOTAL PRICE
			Subtotal	
			Sales Tax*	
			10% Shipping / Handling**	
			Order Total	

Items may be returned for exchange or credit only with prior authorization and within 90 days of purchase. Only items that are in original packaging and salable condition will be accepted for return. CD-ROMs and DVDs are never returnable. PHP is not responsible for the cost of shipping returns. Returns may be subject to a 15% re-stocking charge.

*NY Shipping Only
**Additional charge for Alaska, Hawaii, Canada, international, special, & rush shipments