

United States Order Form



Shipping Information	
Name:	Title:
Organization:	Telephone:
Address:	E-mail:
City, State:	Zip:

Product Description			
<i>MOVE Reference Manual</i>	\$200.00 ea.	x Quantity _____ =	\$
<i>MOVE Assessment Profile</i>	\$18.00 ea.	x Quantity _____ =	\$
<i>No Ordinary MOVE (Linda Bidabe)</i>	\$20.00 ea.	x Quantity _____ =	\$
<i>Children with Severe Disabilities & the MOVE Curriculum (Gilbert Thomson, PT)</i>	\$25.00 ea.	x Quantity _____ =	\$

Billing Information	
Name:	<i>Product subtotal</i>
	\$
	<i>8% New York Sales Tax</i>
	\$
	<i>10% Shipping & Handling (Before model site discount)</i>
	\$
Payment Method: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>	<i>Model Site Discount (25% of total before S&H)</i>
	\$
	<i>Order Total</i>
	\$

Credit Card No:
Expiration Date:
3 Digit Security Code: Zip code:
Signature: _____
<input type="checkbox"/> P.O. Attached #: _____
<input type="checkbox"/> Check Included #: _____

Please email completed order form to:

Christine Sarnacki
Christine.sarnacki@cfdsny.org

<https://cfdsny.org/move-international>