



Order Form

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

E-Mail address: _____

Check One:

- 1 Presentation \$ 79
- 3 Presentations \$159
- 5 Presentations \$239
- 7 Presentations \$319
- All 11 Presentations \$399

Please check the talks you would like to order:

- Arthritis
- Back Pain
- Carpal Tunnel
- Fibromyalgia
- Headaches
- Osteoporosis
- Scoliosis
- 10 Eating Habits
- Dinner Talk
- Four Phases of Care
- Hormone Therapy

Charges: \$ _____
Plus \$5 Shipping

Total: \$ _____

Payment method:

- Check (please make payable to Sped, Inc)
- Credit Card Type: Visa MC AmEx

Credit Card Number: _____ Exp Date: _____

Signature: _____

Please fill out completely and fax or mail to:

ChiroArticles
7375 Pembroke Dr
Reno, NV 89502
Fax #: (702) 948-0484