

MAIL-IN AND SCHOOL DISTRICT P.O. FORM



Complete the following two page form and enclose with Purchase Order or Check. Send to:
Innovative Strength Concepts
 P.O. Box 964
 Alexandria, MN 56308
 TollFree: 1-800-291-3231 fax: 320-524-2005

<u>Item</u>	<u>Unit Cost</u>	<u>Number Ordered</u>	<u>Total Cost</u>
INDIVIDUAL CD'S			
BASIC I	@ \$49.95 each		_____
BASIC II	@ \$49.95 each		_____
INTERMEDIATE I	@ \$49.95 each		_____
INTERMEDIATE II	@ \$49.95 each		_____
ADVANCED I (Free Weight Training and Program Design)	@ \$59.95 each		_____

SET OF TWO CD'S			
BASIC I & II	@ \$89.90		_____
INTERMEDIATE I & II	@ \$89.90		_____

PACKAGES			
4 CD PACKAGE (BASIC I & II; INTERMEDIATE I & II)	@ \$169.50		_____

5 CD PACKAGE (BASIC I & II; INTERMEDIATE I & II; ADVANCED I)	@ \$207.80		_____
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Sub Total _____

Please Insert Total for Shipping and Handling _____
 (\$5.00 for 1 CD; \$1.00 for every additional CD)

No Sales Tax _____ MN Sales Tax _____
 (6.5% for Minnesota residents, unless ordering from tax exempt organization)
If Exempt please provide a completed Exemption Certificate with your order

Total Enclosed _____

Thanks You for Your Order!





MAIL-IN AND SCHOOL DISTRICT P.O. FORM

Purchaser Information

Billing Name and Address

Name:

School or Company:

Street Address:

City

State

Zip Code

Telephone Number:

E-Mail Address:

Shipping Name and Address

(leave blank if same as billing information)

Name:

School or Company:

Street Address:

City

State

Zip Code

Telephone Number:

Method of Payment:

School District Purchase Order

Check

Money Order

Tax Exemption I.D. Number

(please also provide a completed Exemption Certificate)

Comments/Other Information

Complete BOTH pages of this form and enclose
with Purchase Order or Check. Send to:

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Alexandria, MN 56308

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www.InnovativeStrength.com

