

# BOOK ORDER FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Your Natural Gifts    Quantity \_\_\_\_\_ @ \$10.00 each = \_\_\_\_\_

Add applicable sales tax in CA, CO, GA, MD, NY = \_\_\_\_\_

Postage and Handling: \$4.00 first item, \$1.00 each additional item = \_\_\_\_\_

TOTAL = \_\_\_\_\_

Please make check or money order payable to Human Engineering Laboratory, Inc.

credit cards: Visa and MasterCard **only**

card number: 

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expiration date: \_\_\_\_\_ / \_\_\_\_\_

signature: \_\_\_\_\_

Mail to: Accounting Department  
Human Engineering Laboratory, Inc.  
347 Beacon Street  
Boston, MA 02116