



SHAPES Language Training  
 P.O. Box 406  
 Yellow Springs, Ohio 45387  
 Phone/Fax: 937-767-2372  
 www.rmelnick.com

**Order Form**

Name \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. or Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Organization Tax Exempt Number \_\_\_\_\_

**Order Options**

Quantity:	Number Ordered:	Each:	Total Shipping:
1	_____	x \$37	+ Free = _____
2-9	_____	x \$37	+ \$5 = _____
10-19	_____	x \$30	+ \$10 = _____
20-30	_____	x \$20	+ \$15 = _____
31 or more	_____	x \$20	+ \$20 = _____
Ohio residents buying personal copies, add \$2.41 sales tax per CD.			= _____
<b>Total Enclosed</b>			<b>= _____</b>

**Mail with check or purchase order payable to:**

SHAPES Language Training.  
 P.O. Box 406  
 Yellow Springs, OH 45387

If you are ordering the program for someone other than yourself or if you are ordering for more than one person, please write the names and e-mail addresses of those who will use the program on the back of this order form. This is required for testing and certification. If you can't provide this information when you place your order, please contact Robin Melnick at [info@rmelnick.com](mailto:info@rmelnick.com).

If you wish to pay with a credit card, please order online at [www.rmelnick.com](http://www.rmelnick.com).

This offering has been approved by the Ohio Board of Nursing through the OBN Approver Unit at UVMC OBN-005-92. 16 OBN contact hours will be awarded for successful program completion. The course is also accredited by the ANCC.

