

Order Form

I would like to order the following items!

Item	Quantity	x	Unit Price	=	Total Price
_____	_____	x	_____	=	_____
_____	_____	x	_____	=	_____
_____	_____	x	_____	=	_____
_____	_____	x	_____	=	_____
_____	_____	x	_____	=	_____
_____	_____	x	_____	=	_____
_____	_____	x	_____	=	_____
_____	_____	x	_____	=	_____

Shipping & Handling \$ _____

Subtotal \$ _____

Sales Tax (8.25%-TX Only) \$ _____

Total (U.S. Dollars Only) \$ _____

Shipping and Handling Charges						
Total \$ Amount	Up to \$50	\$51-\$99	\$100-\$249	\$250-\$1199	\$1200-\$2999	\$3000+
Charge	\$7	\$9	\$16	\$30	\$80	\$125

Name _____ Job Title _____

Organization _____ Phone _____

Shipping Address _____ Fax _____

Billing Address _____ Email _____
(required when ordering PowerPoint® Presentation)

City _____ State _____ Zip _____

Please invoice (Orders over \$200) Purchase Order Number (if applicable)

Charge Your Order: MasterCard Visa American Express

Credit Card Number _____ Exp. Date _____

Signature _____

Check Enclosed (Payable to: CornerStone Leadership)