

BRAINWISE ORDER FORM

Name: _____ Organization: _____

Address: _____ Address line 2: _____

City: _____, State: _____ Zip: _____

How to Reach You:

Email: _____ Phone: (W) _____ Phone: (M) _____

Shipping Address: (If different than above.)

Name: _____ Organization: _____

Address: _____ Address line 2: _____

City: _____, State: _____ Zip: _____

MATERIALS

Total

BrainWise® Curriculum and Poster Set Price: \$190.00 Quantity: _____ \$ _____

Please indicate desired curriculum (K-5/SKU 270, 6-12/SKU 250, or 1-on-1/SKU 290) _____

BrainWise® for Grades K-5 Price: \$150.00 SKU 230 Quantity: _____ \$ _____

BrainWise® for Grades 6-12 Price: \$150.00 SKU 200 Quantity: _____ \$ _____

BrainWise® One-on-One Price: \$150.00 SKU 520 Quantity: _____ \$ _____

How to Be BrainWise Book Price: \$15.00 SKU 650 Quantity: _____ \$ _____

Set of "10 Wise Ways" Posters Price: \$60.00 SKU 400 Quantity: _____ \$ _____

Set of "10 Wise Ways" Cards Price: \$10.00 SKU 430 Quantity: _____ \$ _____

Set of "10 Wise Ways" Bookmarks (20 in a set) BrainWise® Price: \$15.00 SKU 460 Quantity: _____ \$ _____

Student Set : K-5 6-12 1-on-1 Price: \$15.00 SKU 480 Quantity: _____ \$ _____

Shipping charges: \$9.95 for the initial curriculum/poster set _____ ; \$3.95 for each *How to Be BrainWise* book, additional curriculum. or poster set, _____ ; and \$2.95 for any of the teaching aids a _____ "*****&aaaaaa"

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Total: \$ _____

Paid in Full with the enclosed check (Please Make Checks Payable to: "The BrainWise Program").

Please Bill Me using the attached Purchase Order.

Please charge the following credit card: _____ - _____ - _____ - _____ Exp. Date: ____/____/____ CVV No. _____

If you have any questions, please contact us at: info@brainwise-plc.org