CAHPERD Order Form

Item	Size	Quantity	Amount
		Subtotal	
		Shipping/Handling (see below)	
		Total Amount Due	

Shipping Information

Full Name _____

Address _____

City _____

State _____ **Zip/Postal Code** _____

Phone _____

E-mail _____

Billing Information

☐ Same as Shipping Information

Full Name _____

Address _____

City _____

State _____ **Zip/Postal Code** _____

Phone _____

E-mail _____

Payment Information

Make Checks & Purchase Orders payable to CAHPERD.

☐ **Cash** ☐ **Check** ☐ **Credit Card** ☐ **Visa** ☐ **MasterCard**

Credit Card Number

Exp. Date

Return this form with form of payment to the State Office:

Mail to: CAHPERD
1501 El Camino Avenue, Suite 3
Sacramento, CA 95815
Fax: 916-922-0133
E-mail: dgray@cahperd.org

Shipping Costs

Quantity of Items	Price
1-2	$5.00
3-5	$10.00
6-8	$15
9+	Call State Office