



Please indicate quantity and shipment terms. *If no shipping is selected, shipment will be by U.S. Postal Service Priority Mail.

Item	Description	List Price	Subscriber Rate	Qty	Amount	
Forms Packet	Hard Copy / Paper-Based	\$249.00	N/A			
Forms Packet	Electronic; Files Sent in MS-Word Format	\$299.00	N/A			
Audio CD-ROM	Decompression Therapy 101 – Coding & Compliance	\$299.00	\$125.00			
** Conference Requires Simultaneous Purchase of Audio CD-ROM					Subtotal	
Sales Tax (PA)	Check here if are a PA resident. PA residents must include sales tax of 6% of subtotal			x 0.06		
1-on-1 Conference **	Decompression Therapy 101 – Coding & Compliance	\$200.00	\$74.00			
CD Ship / Handling *	If Purchasing DT101, Select Method of CD Shipment:		Overnight (\$30)	2-3 Day (\$10)		
Miscellaneous Cost	Enter any Miscellaneous Costs or Items on this line:					
					TOTAL	

Company Name: _____

Nature of Business: Manufacturer Dealer Independently-Owned Clinic Other: _____

Contact Name: _____

Street Address: _____

City, State, Zip: _____

Phone: (_____) _____ Fax: (_____) _____

E-Mail Address: _____

NOTE: AN EMAIL ADDRESS WILL ENABLE US TO SEND YOU AN ELECTRONIC TRACKING NUMBER AND / OR FORMS FILES WHERE APPLICABLE. EXPECT 2-3 DAYS FOR DELIVERY OF FORMS IN ELECTRONIC FORMAT.

How did you hear about this product? _____

CDs/DVDs – If you received a disk, check the back of the case. If the label contains serial and reference numbers, indicate here:

SecureWrap Serial #: _____

ProviderPRO Ref #: _____

Credit Card Information (Check here if paying by check)

Card Number: _____

Name on Credit Card: _____ Expiration Date: ____ / ____

Acceptance of Terms. I, the below-signed, on behalf of my company, state that I have read, understood, and agree to the Terms of Transaction. If I am paying by credit card, I further state that I am an authorized signor of the credit card account referenced herein and authorize ProviderLAW Corporation to charge the account on a one-time basis in the amount as indicated above, as well as for the costs of sales tax (PA residents) and shipping & handling where not indicated.

Signature: _____ Date: ____ / ____ / ____

MAIL OR FAX THIS FORM WITH PAYMENT TO:

PROVIDERLAW, 263 HAWK MOUNTAIN RD., KEMPTON, PA, 19529 – PHONE: 610-756-3795 – FAX: 610-756-3796

TERMS OF TRANSACTION. THIS TRANSACTION AND FORM ARE SUBJECT TO THE TERMS OF THE LEGAL NOTICE ("TERMS") LOCATED ON THE PROVIDERLAW WEBSITE AT http://www.providerlaw.com/legal_notice.php. PLEASE READ THE TERMS CAREFULLY. YOUR SIGNATURE ABOVE, AS WELL AS YOUR USE OF, OR RELIANCE UPON, ANY OF THE RESOURCES REFERENCED HEREIN, SHALL INDICATE YOUR AGREEMENT TO SUCH TERMS. THE FEES FOR THE RESOURCES REFERENCED HEREIN ARE NON-REFUNDABLE. ALL TERMS INCLUDING PRICES ARE SUBJECT TO CHANGE AT ANY TIME.