



**ORDER FORM FOR THE HEALTH VARIETY SHOW SYSTEM
PLEASE PRINT OR TYPE (All Required Information)**

School _____

Date _____

Contact name _____

Address _____

Number of Systems	
01 DVD	\$39.97 each
02-15	\$35.00 each
16-30	\$30.00 each

Paid by: Cash Check Credit Card

Please circle your selection above

Card No. _____

Expiry Date _____

Signature _____

Name as it appears on card _____

School Name / Company Name _____

Allow 2-3 business days for delivery. Please include \$6.00 for shipping and handling on all orders.

Mail to: Health Variety Show 205 Glen Shields Avenue, Concord, Ontario Canada, L4K 1T3

Website: www.healthvarietyshow.com Email: order@healthvarietyshow.com

