

Date: _____ Order Form – SharperPrograms (for fax/mail orders)

Name		Address			
City		State/Province	Zip/Postal	Country	
Tel.		Email		Who will be using the program?	
No.	Product	Specifications	Including	Price US \$	How many?
1	SharperBrain™	1 User	Disk + User Manual (English)	395	
2	SharperMemory™	1 User	Disk + User Manual (English)	395	
3	SharperBrain™ Advanced Module	18 additional levels		275	
4	Both SharperBrain™ & SharperMemory™	1 user each		740 (Save \$50)	
5	Additional Users		Per each additional user	80	
6	Complete Package: SharperBrain™ + SharperMemory™ + Advanced Module + 1 Additional user + Electronic version (SharperBrain™)		Disk + User Manual (English)	985 (Save \$125!)	

Product # _____ US\$ _____
 Product # _____ US\$ _____
 Package # _____ US\$ _____
 Sub Total: US\$ _____
 Shipping & handling \$20 qty:1 \$30 qty:2 US\$ _____
 Canadian residents, please add 6% GST US\$ _____
Total of order US\$ _____

Form of payment: A payment is enclosed Please bill by credit card:

Visa American Express MasterCard Card #: _____

Expiration date: _____ Name on the card: _____

Signature: _____ Notes: _____

Please fax this form to 416 222 0020 or mail to: ACE Clinics (SharperPrograms Dept.)
 148 Finch Ave. West
 Toronto, ON, M2N 2J2, Canada

