

Date: _____

Order Form – SharperPrograms

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	CD + User Manual (English)	695	
2	SharperMemory™	1 User	CD + User Manual (English)	695	
3	SharperBrain™ SharperMemory™ Advanced Module	18 levels additional levels (per program)		645	
4	Both SharperBrain & SharperMemory	1 user each		1265 (save \$75)	
5	Additional Users		Per each additional user (per program)	200	
6	Complete Package: SharperBrain™ + SharperMemory™ + Advanced Module + 1 Additional User		CD +User Manual (English)	2480 (Save \$200)	

Sub Total: US\$ _____
 Shipping & handling \$20 qty: 1 \$30 qty: 2 US\$ _____
 Canadian residents, please add 13% HST US\$ _____
 Additional US\$ _____
Total: US\$ _____

Form of payment: Payment enclosed Please bill by credit card:
 Visa American Express MasterCard Card# _____
 Expiration Date: ___ 3 digits at the back ___ 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