

SleepMultiMedia version 11.0 – Order Form

To ensure accuracy, please print all information)

Name: _____ Title: Ms/ Mr/ Dr/ DDS/RPSGT/ RRT

Department: _____

Institution: _____

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City, State, Zip _____

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Cost: Personal: \$895..... _____

Institutional: \$1195..... _____

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Payment: So that we may ship your order immediately, please select one of the following:

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(Duties & Taxes are the sole responsibility of the buyer)

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TOTAL: _____

(AmEx on front 4 digits, other cc have 3 or 4 digits on back)

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Sleep Multimedia, Inc. P.O. Box 329-H, Scarsdale, NY 10583, U.S.A.

Tel: 914 722-9291 Fax: 914 722-4490 www.sleepmultimedia.com