



SleepEd Order Form

Efficient and Effective Education Solution for Patients

(To ensure accuracy, please print all information)

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

Department: _____

Institution: _____

Address: _____

City, State, Zip _____

Phone: _____ Fax: _____

E-mail Address: _____

SleepEd - Loaded on a Flash Drive for use on your own compatible device. **\$399.00**

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

Shipping & Handling: USA \$15, Canada \$20 (USPS), Puerto Rico \$35 (FedEx) & Other \$45 (FedEx)
(Duties and Taxes are the sole responsibility of the buyer)

- Payment enclosed (Make check payable to Sleep Multimedia, Inc.)
- Charge to MasterCard / VISA / AmEx:

Cardholder's Name: _____ Cost: _____

Card Number: _____ Shipping: _____

Expiration Date: _____ NY State Tax: _____

Signature: _____ Date: _____ TOTAL: _____

If delivery is in New York, add local Sales Tax (if exempt in NY, please attach certificate)

TERMS: Payment is due in full at the time of the order. No COD's will be accepted.

TERMS AND CONDITIONS OF ORDER:

1. Sleep Multimedia Inc. reserves the right to change specifications, terms and prices without prior notice.
2. Duties and taxes are the sole responsibility of the buyer.
3. The software may not be redistributed or resold. Licensee and system users must observe license and copyright obligations.
4. All purchases must be prepaid.
5. U.S. shipments are sent by USPS. International shipments are sent Federal Express to expedite customs clearance.

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