



**Matrix Manual Order Form**

**Culturally Adapted Client Handouts  
For American Indians & Alaskan Natives**

**Contact Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

<u>Manuals</u>	<u>Price</u>	<u>Quantity</u>	<u>Amount</u>
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<i>Culturally Adapted Client Handouts</i>	\$149	_____	\$ _____
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*For American Indians/Alaskan Natives*

(to be used in conjunction with the Matrix Model Manual of Intensive Outpatient Treatment)

Sales Tax: 9.25% (CA residents only)			\$ _____
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Shipping: Add \$20 for orders up to \$750			
Add \$35 for orders over \$750			\$ _____

TOTAL AMOUNT DUE			\$ _____
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**Payment Information**

Payment Method:    VISA    MC    Check (Ck# \_\_\_\_\_)

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_    CVV # (last 3 digits on back): \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Shipping Address: (If different from Contact Information)**

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