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Special Instructions _____

1

Ship To _____

Quantity	_____
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2

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PLEASE PLACE MY ORDER FOR:

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PO # _____ Quoted Price _____

Quoted Price Excludes Shipping & Handling

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Visa Mastercard American Express

Cardholder's Name _____

Account Number _____ Exp.Date _____

Signature _____ Date _____

FAX YOUR REPRINT ORDER TO KEVIN JENSEN AT 937.293.1310

**Or mail to:
Reprint Order, Peter Li Education Group,
2621 Dryden Road, Suite 300, Dayton, OH 45439**

Signature of person completing this form X _____ Date _____