



Order Form (Please print clearly)

**Ship To:**

*(For credit card orders, address must match the address where the statement is received.)*

Department: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ ext: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Please sign me up for your quarterly e-newsletter.

**Bill To:** *(If different than Ship To)*

Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ ext: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Please Send *Optimistic Outcomes: What Every Parent Wants And Every Child Needs***

Quantity Ordered	Unit Price	Total Price
_____ Units	\$29.99	
	Merchandise Subtotal	
Add	Shipping 16% of subtotal	
Add	6.5% MN Sales Tax	<i>MN Residents Only or Attach Your Exemption Certificate</i>
	Order Total	

**Method of Payment (Payable in U.S. Dollars)**

- BILL TO OUR ACCOUNT (Net-30 Days) Purchase Order #: \_\_\_\_\_
- MASTER CARD
- VISA
- MONEY ORDER—*Mailed with this order form*
- U.S. CHECK—*Payable to Optimistic Outcomes, LLC and mailed with this order form*

Credit Card Account Number:

Expiration Date (month-year):

Name of Cardholder (Print as appears on credit card) \_\_\_\_\_

Authorized Signature (Required) \_\_\_\_\_

**Fax This Form To: 952-486-7840 or  
 Mail This Form To: Optimistic Outcomes, 15000 Wychewood Road, Minnetonka, MN 55345**

All orders are shipped via United States Postal Service—Parcel Post. Standard delivery takes seven to ten business days.