



# Barth Syndrome Foundation 2008 International Conference

## DVD Order Form

**Please fax order forms to Shelley Bowen  
Fax #: 850-223-3911**

<b>Scientific and Medical Sessions</b>	<b>\$ 25.00US</b>	
Includes Scientific & Medical Sessions held on July 24-25, 2008 (PLUS one bonus disk)		
Quantity		
Dollar Amount Due		\$
<b>Family Sessions</b>	<b>\$ 25.00US</b>	
Includes Family Sessions held on July 24-25, 2008 (PLUS one bonus disk)		
Quantity		
Dollar Amount Due		\$
<b>TOTAL DOLLAR AMOUNT DUE</b>		<b>\$</b>

### Billing Information

Form of Payment

- Cash
- Check
- Visa
- Master Card
- American Express

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name (as it appears on Credit Card or Check)

Last	First	Middle Initial
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Street or Post Office Box of Billing Address \_\_\_\_\_

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Telephone Number (Including Area Code)	E-Mail Address
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