

IBIS: Interactive BodyMind Information System Order Form

Date:_____

Purchased by:_____

Ship To:_____

Clinic/Company:_____

Clinic/Company:_____

Billing Address:_____

Shipping Address:_____

Phone:_____

Phone:_____

Sale price (please call first): _____ \$

+ Shipping&Handling: _____

(U.S.=\$10, Canada=\$15, Other=\$20)

Version (Circle one):	IBM	Mac
Disk Size (Circle one):	3.5"	5.25"
Disk Density (Circle one):	High	Double

= Total Amount Due: _____

Payment Method (Circle one): Check/Money order Visa MasterCard AmericanExpress

Credit Card #:_____

Expiration Date:_____

Name on the card:_____

Cardholder Signature:_____

Please make checks payable to:

GAIA Multimedia, Inc.

PO Box 14641

PORTLAND, OR 97214

USA