

Order Form L.S.Phonics (English-Spanish-French) Registration
 Please provide the following information: Date _____

 Your name

 Street City State/Pr Zip

 Country Phone Fax (optional)

 E-mail address(-es) (optional)

 Where did you find L.S.Phonics ? (optional)

Site License one hundred dollars

Item	Qty	Price \$ 19.95	Total
Shipping & Handling (International \$7)			\$ 5.00
British Columbia residents please add 7% P.S.T.			\$ _____
Canadian residents please add 7% G.S.T			\$ _____
GRAND TOTAL:			\$ _____

Payment Method: (marking X) Check Money Order VISA MC

 VISA/Mastercard Card # Expiration Date: Month/Year ___/___

 Signature Cardholder Name
 If VISA or Mastercard, you can phone in order or mail or fax this order form with your card number and expiration date.

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Please mail your completed registration form and ****payment**** to:
 Nissen Ventures Tel 1-604-436-5501
 P.O.Box 637 Fax 1-604-430-2210
 Surrey BC V3T 5L9 Compuserve 102261,114
 Canada E-mail: 102261.114@compuserve.com