

CONSORTIUM OF MULTIPLE SCLEROSIS CENTERS



**CMSC DVD Order Form**

**Date:**

**Recipient Information**

Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: _____	State: _____	Zip Code: _____	Country: _____
Telephone: _____		Fax: _____	
Email: _____			

**Billing Information**

Credit Card Number: _____	Expiration: _____		
Name: _____			
Organization Name: _____			
Address 1: _____			
Address 2: _____			
City: _____	State: _____	Zip Code: _____	Country: _____
Telephone: _____		Fax: _____	
Email: _____	Signature: _____		

**Order Information:**

DVD Code: \_\_\_\_\_

DVD Title: \_\_\_\_\_

Quantity: _____	X	<b>15.00 USD</b>	=
Shipping & Handling: _____	X	<b>5.00 USD</b>	=
Total Amount: _____			=

*Shipping and handling is 5.00 USD (up to 5 DVDs) via FedEx® Ground within the 48 Contiguous United States.  
Contact us at [info@mscare.org](mailto:info@mscare.org) for shipping rates to other locations.*

Complete this form and fax it to CMSC at (201) 837-9414 or  
Email at [info@mscare.org](mailto:info@mscare.org)

For inquiries:  
You may call us at (201) 837-0727 x 116 or email us at [info@mscare.org](mailto:info@mscare.org)