

Fax Order Form

Print and Fax/Mail to: 1-(813)342-7970

Continuing Ed Xray

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone#: _____ E-Mail: _____

Product: _____ Qty: _____ =TOTAL _____

Product: _____ Qty: _____ =TOTAL _____

Product: _____ Qty: _____ =TOTAL _____

How did you hear about us? _____

*No Tax on Education Materials ** Free Shipping inside the continental U.S.

Mail Check or Money Order to:

Continuing Ed Xray
PO Box 5278
Sarasota, FL 34277

We Accept VISA, MC, AE, AND DISCOVER

_____ EXP: _____

CCV# _____ (3 or 4 digit on back AE on Front of card) TOTAL \$ _____

Signature: _____