



**SPANISH BOOSTER**  
Quality Spanish Language Services

7577 Central Parke Blvd

Suite 120

Mason, OH 45040

Fax 513-445-5339

Phone 513-254-0687

# ORDER FORM

Please fill in this form and fax it to 513-445-5339

Date \_\_\_\_\_

**1) Order Information**

	Quantity		Price		
Translation / Voice Over / Audio / etc.	_____	x	_____	=	_____
Spanish / English Class	_____	x	_____	=	_____
Fundamental Spanish Workbook 1 (includes CD)	_____	x	\$22.95	=	_____
Teachers Manual 1	_____	x	\$22.95	=	_____
Fundamental Spanish Workbook 2 (includes CD)	_____	x	\$22.95	=	_____
Teachers Manual 2	_____	x	\$22.95	=	_____
Fundamental Spanish For Business Travelers 1	_____	x	\$25.00	=	_____
Fundamental Spanish For Business Travelers 2	_____	x	\$25.00	=	_____
Verb Conjugations Workbook	_____	x	\$15.95	=	_____
Spanish for Nurses and Med. Assistants	_____	x	\$19.95	=	_____
Fundamental Spanish for Children 1 (includes CD)	_____	x	\$22.00	=	_____
Fundamental Spanish for Children 2a (includes CD)	_____	x	\$22.00	=	_____
Fundamental Spanish for Children 2b (includes CD)	_____	x	\$22.00	=	_____
Fundamental Spanish for Children 3a (includes CD)	_____	x	\$22.00	=	_____
Fundamental Spanish for Children 3b (includes CD)	_____	x	\$22.00	=	_____
Fundamental Spanish for Children 4 (includes CD)	_____	x	\$22.00	=	_____
Fundamental Spanish for Children 5 (includes CD)	_____	x	\$22.00	=	_____
Extra CD's	_____	x	\$9.95	=	_____

**2) Shipping Charges**

(If unsure about shipping charges, let us calculate them for you and totalize your order)

**Free shipping with orders of 20 books or more.**

FEDEX Shipping\* Ground  Next day  \_\_\_\_\_  
 USPS Media Mail Media Mail  Regular  \_\_\_\_\_  
 Other (Please specify) \_\_\_\_\_

**Sub Total**

**Tax (6.75% Ohio Residents ONLY)**

**Total**

**3) Payment Information**

Purchase Order # (if any) \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Card Security Code (on back) \_\_\_\_\_  
 Cardholder's name \_\_\_\_\_

**4) Billing Address**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip / Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone Home \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_

**5) Shipping Address**

Use Billing Address Information Yes  No   
 (If shipping address is the same as the billing address, don't fill in the rest of the form)  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip / Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone Home \_\_\_\_\_ Cell \_\_\_\_\_

**Thank you for your order!**

**Fax this form to 513-445-5339**