

# FAMILY & WORLD HEALTH SERIES DISCOUNT ORDER FORM

Retail Value \$9.95 ea.

Quantity	Title
	We Like To Nurse (English)
	We Like To Nurse (Spanish)
	We Like To Nurse (Chinese)
	We Like To Nurse (Chinese)
	We Like To Nurse Too (English)
	We Like To Nurse Too (Bilingual)
	We Like To Live Green (English)
	We Like To Live Green (Bilingual)
	We Like To Move (English)
	We Like To Move (Spanish)
	We Like To Read (English)
	We Like To Read (Bilingual)
	We Like To Eat Well (English)
	We Like To Eat Well (Spanish)
	We Like To Help Cook (English)
	We Like To Help Cook (Spanish)
	Being Born (English)
	We Like Our Teeth (English)
	We Like Our Teeth (Bilingual)
	We Like To Play Music (English)
	We Like To Play Music (Bilingual)
	Breastfeeding, Your Priceless Gift (English)
	Breastfeeding, Your Priceless Gift (Spanish)
<b>Step #1</b>	Enter Total Quantity Here
<b>Step # 2</b>	Choose appropriate discounted price from below.

## HOHM PRESS

Use this form to fax or mail your order today.

**800- 381- 2700**

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**P.O Box 2501**

**Prescott, AZ 86302**

**www.HohmPress.com**

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You may pay by Credit Card, Check or COD. Please fax Purchase Orders to our fax number above.

	<b>1 to 288 books receives a 40% discount. Multiply your quantity by \$5.97</b>
	<b>289 to 576 books receives a 45% discount. Multiply your quantity by \$5.47</b>
	<b>577 to 864 books receives a 50% discount. Multiply your quantity by \$4.98</b>
	<b>865 to 1152 books receives a 55% discount. Multiply your quantity by \$4.48</b>
	<b>1153 to 5039 books receives a 60% discount. Multiply your quantity by \$3.98</b>
	<b>5040 or more receives a 65% discount. Multiply your quantity by \$3.48</b>

<b>Step #3</b>	<input checked="" type="checkbox"/>	Enter Discounted Price Here
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<b>Step #4</b>		Sub-Total (Multiply Step #1 times Step #3)
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<b>Step #5</b>	<input type="checkbox"/>	Add Shipping at \$.30 per book or
		\$40 per case (144 books)

<b>Step #6</b>		Total (Add Step #4 plus Step #5)
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Name:	
Company:	
Address:	
Address:	
City, State & Zip:	
Phone/Fax:	
Email:	

CC Number:	
Exp. Date:	
Name on Credit Card:	