



TAKING CONTROL ORDER FORM (checks only)

Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____

<p style="text-align: center;"><i>Mail Check (made out to CAPS) to:</i> <i>CAPS</i> <i>P.O. Box 13176</i> <i>Palm Desert, CA 92255</i></p>	<table border="0" style="width: 100%;"> <tr> <td># copies</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>X \$14.95 ea.</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>postage/handling</td> <td style="text-align: right;"><u>+\$5.00</u></td> </tr> <tr> <td>Total enclosed:</td> <td style="text-align: right;">_____</td> </tr> </table>	# copies	_____	X \$14.95 ea.	_____	postage/handling	<u>+\$5.00</u>	Total enclosed:	_____
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