



Fax Order Form for Present Users of V2.1
Upgrade to V3.1
Fax: 1-905-664-7085

Name:

Company/Business Name:

Address:

City:

ZIP/Postal Code:

State/Province:

Phone:

Fax:

E-mail:

V2.1 Product Registration Number:

PHR21-501- _ _ _ _ _

V2.1 UPGRADE TO V3.1: \$49.99 (+ Applicable Taxes + Shipping and Handling)
YOU WILL BE CONTACTED BEFORE BILLED

PAYMENT OPTIONS: **VISA**

MASTERCARD

Credit Card Number:

Expiry Date:

Card Holder:

The authors have made every effort to ensure the accuracy of the information herein, in particular with regard to the protocols and procedures of the specific exercises. No patient, however, should perform any of these exercises without proper instruction from their doctor or therapist. The authors disclaim any responsibility for any adverse effects resulting directly or indirectly from the suggested exercises, undetected errors, or the reader's misunderstanding of this text.

Signature/Date