

**MANUAL ORDER-INNOVATIVE COGNITION, LLC
CHECK BY MAIL ORDER FORM**

SEND TO:

**Innovative Cognition, LLC,
PO Box 5035,
Winston-Salem, NC
27113-5035**

Allow 3-4 weeks to allow check to clear
\$25.00 fee for returned checks

SHIPPING INFORMATION:

NAME: _____

PHONE #: _____

FAX #: _____

COMPANY: _____

ADDRESS: _____

EMAIL: _____

PAYMENT INFORMATION:

Check Number: _____

ITEM #	DESCRIPTION	QTY	PRICE/EA	TOTAL
703098	MUSCULOSKELETAL TUMORS CD		99.95	\$
			SHIPPING TOTAL	\$
			SALES TAX (NC residents add 7%)	\$
			TOTAL:	\$