

Brook Seminars (Sustaining Balance, Inc.)

P.O. Box 7064 Wantagh, NY 11793

phone/fax 516-409-1240 WWW.BROOKSEMINARS.COM **ORDER FORM**

NAME			
ADDRESS			
CITY	STATE:	ZIP:	
PHONE	CELL PHONE:		
FAX	EMAIL:		

ITEM	List Price	# OF UNITS	SUBTOTAL
Private Instruction/Session	\$100		
FLEXIBILITY FIRST - SELF	coming soon		
FLEXIBILITY FIRST - PROFESSIONAL SERIES	coming soon		
ISOLATION BELT	\$20		
BELT PAD	\$40		
ISOLATION BELT and BELT PAD combo	\$55		
STRETCHING STRAP 9FT.	\$10		
STRETCHING STRAP 12 FT.	\$12		
HAND EXERCISE BALL	\$7		
WRIST ROLLER	\$10		
SHIPPING & HANDLING	\$		
SUBTOTAL			
(NY RESidents only) SALES TAX	8.5%		
TOTAL			

Date: _____ Payment Method Circle: Check Master Card/VISA/AMEX/Discover Money Order Cash

Name on credit card: _____

Credit Card #: _____ Expiration Date: _____

Security Code from back of card (3-digits): _____ Billing ZIP Code: _____

Amex front of card (4digits): _____

I consent to have my credit card billed to the amount above.

Cardholders Signature: _____

Prices and availability subject to change without notice and while supplies last. Products are shipped by common carrier unless other arrangements are made in advance, at cost. Damage or service claims must be reported directly to the carrier. All sales are final. Brook Seminars assumes no responsibility for the use or misuse of any product by individuals or businesses. No medical/health claims are implied or warranted by the use of any product. It is advised that you seek medical care from your physician if you have a health or medical problem.

PLEASE MAKE CHECKS OUT TO SUSTAINING BALANCE, INC.

RECEIPT-TEAR OFF BELOW

Brook Seminars P.O. Box 7064, Wantagh New York 11793 516-409-1240 www.brookseminars.com

Receipt for purchase of Active Isolated Stretching Materials/Private Instruction/Course Deposit

Total: \$_____ Cash/Check/Credit Card/Money Order Date_____