

## BHI Order Form

Please complete the form below. All fields marked \* are required.

### Contact Information

First Name: \_\_\_\_\_ \*  
 Last Name: \_\_\_\_\_ \*  
 Title: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ \*  
 Address 1: \_\_\_\_\_ \*  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ \*  
 State: \_\_\_\_\_ \*  
 Zip: \_\_\_\_\_ \*  
 Country: \_\_\_\_\_ \*  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ \*

### Order Information

	Quantity	Price	Total
BHI PBS Documentary "Spotlight on Hearing Loss" DVD <small>(100 per box)</small>	_____	\$125.00	<b>SOLD OUT</b>
If you would like to be placed on a pre-order list, e-mail us at <a href="mailto:mail@betterhearing.org">mail@betterhearing.org</a> .			
Your Guide to Better Hearing* <small>(100 per box)</small>	_____	\$155.00	_____
"NCOA" Study from the Hearing Review	_____	\$2.00	_____
"Efficacy" Study from JAMA	_____	\$1.25	_____
JAMA Articles 4/16/03 Set <small>(2 articles per set)</small>	_____	\$4.00	_____
Folders	_____	\$0.75	_____
"Frequently Asked Question" Flyers	_____	\$0.25	_____
Quick Hearing Check Pad	_____	\$1.00	_____
Hearing Health Professional PRDP Training Program	_____	\$15.00	_____

**Payment Information**

Sub-Total \_\_\_\_\_  
Shipping Charges \_\_\_\_\_  
Total \_\_\_\_\_

*(a \$5.00 processing fee will be added to all credit card transactions)*

Name on Card: \_\_\_\_\_ \*

Card Type:  Visa  MasterCard  AmEx \*

Card Number: \_\_\_\_\_ \*

Security Code: \_\_\_\_\_ \*

Expiration Date (mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ \*

**Processing Information**

Please print, complete and return it with payment to:

The Better Hearing Institute (BHI)  
1444 I Street, NW, Suite 700  
Washington, DC 20005

**Please allow 2-4 weeks for processing and delivery.  
The *Guide to Better Hearing* is shipped seperately from other materials.**

Better Hearing Institute, 1444 I Street, NW., Suite 700, Washington, DC 20005  
Ph: (202) 449-1100 Email: [mail@betterhearing.org](mailto:mail@betterhearing.org)  
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