

Leonardo Foundation Press Fax/Mail-in Order Form

Quantity	<i>INFINITY WALK: THE PHYSICAL SELF</i>	Price Each	Sub-Total
	Book/DVD (Combo discount price) book/DVD required for CE course	35.00	
	Book: Infinity Walk: The Physical Self 2002	18.95	
	DVD Video: Infinity Walk: The Physical Self 2003	24.95	
	Audio CD: Infinity Walk: The Physical Self 2003 (abridged, not entire book)	14.00	
<i>INFINITY WALK METHOD 12 hr. CEU Course</i>			
	Self-paced 12 hour online/home study course for one health professional	259.00	
	* Same Course – USA Healthcare professional/supervised student discount	199.00	
	** Same Course - Documented attendance at Dr. Sunbeck's 6 hr live workshop	159.00	
	* and ** need coupon code for discount, email sunbeck@infinitywalk.org Email name, degree, license, US state, students provide clinical supervisor name, agency, contact info. Healthcare attendees from 6+ hr. IW workshop include date, location, sponsor of Dr. Sunbeck's workshop Coupon code will be emailed; using a healthcare work place email address may speed up receipt of coupon		
	<i>METRONOME, MODIFIED, WITH INSTRUCTION BOOKLET</i>	45.00	
<i>INFINITY WALK LEARNING, THERAPY AND FITNESS RUGS</i>			
	<i>Pair of Smiley Face WalkArounds, 18" diameter rugs, ,yellow/lapis blue</i>	38.00	
	<i>PRE-K Infinity Walk Smiley Face Learning Rug, 5'x7', lapis blue/yellow</i>	295.00	
	<i>Adult Infinity Walk 2-pile Track Rug, beige, 7'6"x11.10</i>	375.00	
	Please Add Shipping Cost for Books, DVDs, Metronomes US/Canada Priority/First Class Shipping: 2-3 day \$4.75 first item, add \$.75 each additional item. West Europe (e.g. UK, Ireland, Germany, Italy, Israel) \$14 US Air Letter Post up to 4 items/4 lbs.) Other Countries, check rates online	SUBTOTAL	→
		Tax New York State Only	8.25 %
		SHIPPING	See left
		TOTAL US\$	→

Please print carefully so your order is not delayed. Order confirmed through email, please print clearly.

NAME: _____ (Exact name on credit card needed for security)

BILLING ADDRESS _____ (Must match credit card)

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PAY BY: (CIRCLE ONE) CHECK VISA MASTERCARD TODAY'S DATE IS _____

Signature: _____ Print Name on Credit Card: _____

Credit Card # _____ Exp. Date _____

Zip Code Where Bank sends your Monthly Credit Card Statement: (must match card) _____

MAIL TO: Leonardo Foundation Press 151 Panorama Trail Rochester NY 14625-1843

MORE OPTIONS: FAX (585) 381-7116, or **EMAIL:** orders@infinitywalk.org