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# Therapeutic Support Order Form

Therapeutic Support CDs				
Item	Item #	Price	Qty	\$
Grape Jamz	GRAPE	\$16		
Jungle Jamz (formerly Apricot)	JUNGLE	\$16		
Peach Jamz	PEACH	\$16		
Razzberry Jamz	RAZZY	\$16		
Strawberry Jamz	STRAW	\$16		
Surf Jamz	SURF	\$16		
Chakra Chants	CHC 04	\$16		
No Worries w/ Booklet	NW1 01	\$24		
Sacred Spirit Drums	SSD 01	\$16		
Tibetan – Golden Bowls	BOW 07	\$16		

Structured Listening CDs				
Item	Item #	Price	Qty	\$
Mozart for Modulation	MZT SP	\$18		
Baroque for Modulation	BRQ SP	\$18		
More Mozart for Modulation	MOR SP	\$18		
Vivaldi for Modulation	VIV SP	\$18		
Bach for Modulation	BAC SP	\$18		
Mozart Winds	WIN SP	\$18		

Headphones & Accessories				
Item	Item #	Price	Qty	\$
SOUNDS Headphones	VITAL	\$89		
Sennheiser HD500A Headphones	HD500A	\$145		
Sennheiser Vinyl Ear Cushions	VINYL	\$20		
Tune Belt (to hold CD player, CDs)	TB 101	\$20		
2 Pen Lights w/ Monster Toppers	PENLT	\$10		
Gertie Ball – 7 inch ball	GERTIE	\$8		
Power Up Mini Ball – 15 Inch ball	POWERM	\$15		
Power Up Ball – 20 inch ball	POWER	\$22		
Pink Rubber Balls 2 Pack	PINKY	\$5		

Books				
Item	Item #	Price	Qty	\$
Astronaut Training Book w/CD	ASTRO	\$39		
Core Concepts in Action Book w/CD	CORE B	\$34		
Out of the Mouths of Babes	OMB 01	\$9		

## SHIPPING & HANDLING:

- Domestic shipments, minimum of **\$4.95** for orders \$50 or less, for orders over \$50 actual shipping costs determined by weight and destination
- For International shipments please contact us or place order directly on **www.vitalsounds.com**.

<b>** CALCULATE ORDER TOTAL HERE **</b>	
<b>Subtotal, All Items</b>	\$
Add Shipping & Handling (See box at left)	\$
<b>Total Order</b>	\$
If shipping to Wisconsin, add state & county sales tax based on <b>TOTAL ORDER</b> amount on line above	\$
<b>GRAND TOTAL</b>	\$

Visa / MC / Discover / AMEX #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CSC #: \_\_\_\_\_  
 Cardholder Signature: \_\_\_\_\_ Check #: \_\_\_\_\_  
 Name on Card (Please Print): \_\_\_\_\_ Billing Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Billing Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Ship To - Name: \_\_\_\_\_ Shipping Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Ship To - Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Course Completion #: \_\_\_\_\_ Email Address: \_\_\_\_\_