

Order Form

For Patients and VEDA Members

Prices valid through December 31, 2016

5018 NE 15TH AVE · PORTLAND, OR 97211 · FAX: (503) 229-8064 · TEL:(800) 837-8428 · INFO@VESTIBULAR.ORG · <u>VESTIBULAR.ORG</u>

HOW TO ORDER

Use this order form if you would like to:

- Become a member
- Renew your membership
- Purchase VEDA's books or DVD

Select your membership and/or books & DVDs below, then complete the Order Summary & Payment section on page 2. Submit your order using the contact information above.

A. MEMBERSHIP

☐ Annual Membership	
Make a one-time contribution of \$40 or more to receive one year of membership benefits, including: • A subscription to our quarterly newsletter, On the Level • Access to the Member Forum and educational webinars • Eligibility to join the V-PALS support network • A Patient Toolkit	☐ \$40 ☐ \$50 ☐ \$75 ☐ \$100 ☐ \$200 ☐ Other: \$
 And more Sustaining Membership Your monthly gift of \$10 or more provides reliable funding for VEDA to carry out its mission throughout the year. Benefits include: All regular benefits Deluxe Patient Toolkit Opportunity for special recognition in the Member Forum and on VEDA's website. It is easy and your membership will always be current. Free shipping anywhere in the world 	☐ \$10/mo ☐ \$15/mo ☐ \$25/mo ☐ \$35/mo ☐ \$50/mo ☐ Other: \$/mo
Shipping & Handling	
 ☐ Email only: my contribution has the greatest impact ☐ US Shipped and Email ☐ International Shipped and Email (except for Sustaining Members) ☐ Give this membership as a gift. Include recipient's name, address and/or email address separately. 	☐ FREE ☐ FREE ☐ \$20
TOTAL (If applicable, include 1st installment of Sustaining gift.) Check here if you are a renewing member.	\$

Title	Price	Total
☐ Balancing Act: For People with Dizziness and Balance	☐ \$15 Member	\$
Disorders, 2nd edition (softcover, 95 pgs.)	☐ \$20 Non-Member	
☐ BPPV—What You Need to Know (hardcover, 207 pgs.)	☐ \$15 Member	\$
	☐ \$20 Non-Member	
DVD: Includes segments on managing symptoms,	☐ \$15 Member	\$
cognitive & psychological impacts, diagnosis and	☐ \$20 Non-Member	
treatment.		
Shipping & Handling		
☐ \$0 US Ground		\$
☐ \$7 International		
TOTAL		\$



ORDER TOTALS

Order Form

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ORDER & PAYMENT SUMMARY

A. Membership			D
B. Books & DVDs			\$
GRAND TOTAL			\$
YOUR INFORMATION			
Name:			
Email:			
Phone:			
Address:			
City:			
State:		ZIP:	
Country:			
PAYMENT INFORMATION If you prefer, you can make yo Check or money order in L Charge my: Visa Ma Acct. no.:	<u>IS funds,</u> payable to VED asterCard ☐American	OA (enclosed) Express	
Exp. MM/YY/ Name on card:	CSV (3 digits on	back of Visa/MC, 4 on fro	ont of AmEx):
Billing address (if different			
City:	State:	Zip:	Country: