

**PRI LOGO BALL ORDER FORM:**

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_

Shipping Address \_\_\_\_\_  
Street City State Zip

Email \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_

Quantity (min 10) \_\_\_\_\_

Cost: \_\_\_\_\_  
X \$2.00

Sales Tax \_\_\_\_\_  
Determined by state

Shipping \_\_\_\_\_  
Determined by number ordered  
We will email you a shipping quote

Total \_\_\_\_\_

Mail or fax registration form to: Postural Restoration Institute  
5241 R Street  
Lincoln, NE 68504  
Fax (402)-467-4580

Method of payment:  
 MasterCard  Visa  Discover  AMEX

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_  
Street City State Zip

Name on card \_\_\_\_\_

Signature \_\_\_\_\_