



Communication Disorders Software Order Form

Name: _____

Organization: _____

Address1: _____

Address2: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____

Email: _____

Select the software package(s) you wish to order:

- Speech Intelligibility Test – Clinical Package (\$250 for one site license)
- Speech Intelligibility Test – University Package (\$350 for 5 site licenses)
- Pacer/Tally Standard (\$120)

Payment Method

When ordering, add \$4.60 for postage within the U.S. and Canada. Postage will be calculated/added for countries other than the U.S. and Canada.

Payment Method: Check Visa MasterCard Purchase Order

Credit Card #: _____ Exp. Date: _____

Name on Credit Card: _____

Credit Card Approval Signature: _____

Make checks payable to Madonna Rehabilitation Hospital. Payment must be in U.S. dollars. Credit card registrations are accepted by mail, phone or fax.

Please complete this form, print it, and then mail it with payment or Purchase Order to:

Madonna Rehabilitation Hospital
Attn: Kim Howard
5401 South St.
Lincoln, NE 68506