

Self Help Therapy Order Form - (for Fax or Mail)

Please print this page first, then complete.

Name:.....

Address:.....

Country:.....Post/zip code:.....

Please indicate the quantity of CDs you require:

CD	TITLE	CD	TITLE
	Healing through Grief, Loss & Death		Self Esteem
	Mastering Fear		Relief from Stress
	Letting go of the Past		Overcoming Depression
	Insomnia		Simple Meditation
	Nervous Breakthrough		Muscle Relaxation
	Weight Control for Beauty & the Ideal Form		Transmuting Anger

Please notify me of future CD's. Email:

Payment details:

Total cost of the CDs ordered is: AUD\$.....(@ AUD\$27 each)

Shipping Charge: AUD\$.....

Total Cost: AUD\$.....

Cheque/ Money Order (payable to Self Help Therapy)

Please charge my: Mastercard/ Visa/ American Express (please circle).

Card No:.....

Cardholder's Name:.....

Expiry Date:.....Signature.....

Mail to:

Self Help Therapy
P.O. Box 389.
Ormeau
QLD 4208 Australia

Fax: +61 7 55 466 099

Referral from Doctor or Counsellor

Told by a friend

Through Internet Search

Other.....