

How to Tell It Well:

A Self-Guided Storytelling Training Manual for Mental Health and Well Being



Order Form

Info

First Name _____ Last Name _____

Company _____

Billing Address Line 1 _____

Line 2 _____

City _____ State _____ Zip Code _____

Mailing address is same as billing address

Delivery Address Line 1 _____

Line 2 _____

City _____ State _____ Zip Code _____

Phone _____ Email address _____

How to Tell It Well: Item Quantity _____ Price \$12.00 (includes shipping)

\$10.00 (local pick up only)

Total: \$ _____

Payment Type

Check: please make checks payable to RCUH #1324 (CDS – Pac Rim)

Send checks to :

CTOU

The Center on Disability Studies

University of Hawaii

1776 University Ave, UA 4-6

Honolulu, HI 96822

PO Number: _____

Credit Card: (all information is for billing purposes only and will remain confidential)

Name as it appears on Credit Card _____

Number _____ Expiration _____ Security Code _____

