

# Cooperative Parenting Institute Product Order Form

Cooperative Parenting Institute  
2801 Buford Highway Suite T70  
Atlanta, Georgia 30329  
(404) 315-7474 Ext. 1

**This form can be mailed or faxed (404-982-0006)**

*Allow four to six weeks for delivery*

Quantity	Product	Pricing (U.S. dollars)
	Cooperative Parenting & Divorce, A Parent's Guide to Effective Co-Parenting	1-9 @ \$19.95 each 10-19 @ \$17.95 each 20-49 @ \$15.95 each 50+ @ \$14.95 each
	Cooperative Parenting & Divorce Group Kit	\$349.00
	Cooperative Parenting & Divorce Transparencies	\$29.95
	Cooperative Parenting & Divorce Group Quizzes	\$29.99
	Cooperative Parenting & Divorce Group Certificates (15)	\$6.00
	The Psychotherapist as Parent Coordinator in High Conflict Divorce <i>Paperback</i>	\$34.95
	The Psychotherapist as Parent Coordinator in High Conflict Divorce <i>Hardcover</i>	\$54.95
	Parent Coordination Forms - Disk A (Word or WordPerfect)	\$50.00
	Parent Coordination Forms - Disk B (Word or WordPerfect)	\$75.00
	Parent Coordination Assessments	\$75.00
	Parents R Forever: Everything You Need to Help Your Young Child Cope with Divorce	\$19.95
	Changes: Questions & Answers for Children (Complete Program)	\$200.00
	Show and Tell Cards for Play Therapists	\$12.95
	Through the Eyes of a Child	\$7.00

Subtotal \_\_\_\_\_

7% Sales Tax (Georgia residents only) \_\_\_\_\_

Shipping and Handling (9% of Subtotal) Minimum of \$4.95 \_\_\_\_\_

*\*15% Shipping and Handling if out of Continental U.S. and mail payment to address above*

**Total** \_\_\_\_\_ **Date** \_\_\_\_\_

Payment Method

Enclosed is my check or money order payable to C.P.I.

Charge to my credit card \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Print Name of Card Holder \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Shipment Information (Street Address Required)

Name \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email Address \_\_\_\_\_