



ACPA Store Order Form

All booklets and factsheets
are available for free
download at:

www.acpacares.org/resource/educational-materials/

Contact Name: _____

Email: _____ Phone Number: _____

ITEM	QUANTITY NEEDED
ACPA Cleft Courage Bear - \$27.00 each	<i>*maximum of 12</i>
As You Get Older/Teen	
Bone Graft Surgery	
Feeding Your Baby	
Genetics & You	
Help with Hearing	
Information for Adults	
Prenatal Diagnosis	
Preparing for Surgery	
School-Aged Child	
Submucous Cleft Palate	
Toddlers & Preschoolers	
Treatment Options for Better Speech	
Your Baby's First Year	
<i>Spanish – Help with Hearing</i>	
<i>Spanish – Prenatal Diagnosis</i>	
<i>Spanish – School-Aged Child</i>	
<i>Spanish – Submucous Cleft Palate</i>	
<i>Spanish – Toddlers & Preschoolers</i>	
Total Booklet Quantity	
TOTAL AMOUNT DUE (\$27.00 per bear) (\$3.75 per booklet)	

Payment Information

Contact Name _____

Institution Name _____

Billing Address _____

City _____ State _____ Zip _____ Country _____

E-Mail _____

Phone _____ Fax _____

Shipping address is the same as billing

Shipping Address _____

City _____ State _____ Zip _____ Country _____

Payment

Tax Exempt Status: Institutions must establish Tax Exempt Status. If your institution is tax exempt, please provide the tax ID number: _____

- All orders must be prepaid in US funds by check or credit card.
- Make checks payable to ACPA and mail to:
American Cleft Palate Craniofacial Association
P.O. Box 63193
Charlotte, NC 28263-3193
- Mail both pages of this form along with payment, or submit by fax or email.

FAX: (919) 933-9604

EMAIL: info@acpacares.org

Payment Type

Check VISA MasterCard Discover American Express

Credit Card Information

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Expiration Date _____ / _____ Security Code _____ Amount Due _____

Authorized Signature _____ Date _____

Thank you for your order.

For any questions, please email info@acpacares.org.