

# Healthy Thoughts CD Order Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_ (ext, note ...) \_\_\_\_\_

\_\_\_\_\_ Number of CDs (The cost of the CD is \$20 each)

\_\_\_\_\_ Total Amount

## **Mailing Instructions**

Please complete this form and mail it with a check for the Total Amount payable to Obesity and Quality of Life Consulting.

## **Mailing Address**

Ronette Kolotkin  
Obesity and Quality of Life Consulting  
#563  
762 Ninth Street  
Durham, NC 27705