

2008 *Where to Turn* Order Form

Customer Information – Please Type or Print Legibly.

Name of Agency, Business or Individual (Please list complete name. No acronyms.)

"Attention To" Name or Department

Purchase Order # (if applicable)

Shipping/Mailing Address

City, State, ZIP

Invoicing/Billing Address (if different than shipping/mailling)

City, State, ZIP

Telephone

Individual Contact E-mail*

General Agency E-mail*

Product	Price	Qty	Total
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Where to Turn Plus

The most comprehensive guide to the social service system in King County.

- More than 1,000 listings with a description of services provided, addresses, local/toll-free/TTY phone numbers, Web site addresses, hours of operation, wheelchair accessibility, eligibility criteria and fees
- Service listings and phone numbers provided by topic category
- Mental Health and Care/Case Management Professional Listings

\$35

x

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Where to Turn Quick Reference

The quick reference is portable and easily fits into a briefcase, purse or glove box.

- More than 1,000 listings with phone numbers and addresses
- Service listings and phone numbers listed by topic category

\$15

x

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Where to Turn CD-ROM

The CD-ROM is a searchable desktop version of the *Where to Turn Plus*. It is easy to download to your computer and is user-friendly for searching more than 1,000 listings.

\$15

x

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Send payment and completed order form to:

Crisis Clinic c/o *Where to Turn*
1515 Dexter Ave N, Suite 300
Seattle, WA 98109

SUBTOTAL

=

TAX 8.6% (x .086)

=

GRAND TOTAL

=

If your organization DOES NOT PAY SALES TAX, you must send a copy of your current Sales Tax Exemption Notice with each order. If your business will RESELL BOOKS or CD-ROMs, you must send a completed Resale Certificate Form with each order.

My check or money order is payable to Crisis Clinic.

Please charge my  or  (circle one).

Card Number _____ Exp. Date _____

Name on Card _____

Signature _____

Please invoice me (see complete invoice/billing information above).

I am ordering \$151 or more. I will pay the total invoice amount within 30 days.

* Ensures receipt of monthly updates via our *Resource Talk* newsletter and future directory information.

Office Use Only

Date _____ Initials _____

Amount Rec'd _____

Check _____

Charge _____

Invoice _____

Location Code _____