

# blank slate theatre™

RISK. COOPERATE. DISCOVER.

## Order Form: Autistic License on DVD

Name \_\_\_\_\_ Date \_\_\_\_\_

**Personal Use Version: (\$25)**

**Pick-up** (@ *blank slate theatre*) or **Mail** (*circle one*)

If mail, please provide address (*add \$5 for S/H.*)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Phone \_\_\_\_\_

Email \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

Please mail this order form with cash or check (*made out to "blank slate theatre) to:*

533 Dale Street North  
St. Paul, MN 55103

\_\_\_\_\_  
• [www.blankslatetheatre.com](http://www.blankslatetheatre.com) •