

blank slate theatre™

RISK. COOPERATE. DISCOVER.

Order Form: *Disordered [thy name is teenager]* on DVD

Name _____ Date _____

Educational (\$250) or Personal Use Version (\$25) (*circle one*)

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

If mail, please provide address (*add \$5 for S/H. \$15 for Educational Version*):

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 •