



ATLAS & ATHENA Order Form

Form can be completed in Adobe Reader

Bill To

Organization _____

Address _____

City _____

State/Province _____ Zip/Postal Code _____

Country _____

Phone Number _____

Fax Number _____

Contact Name _____

Purchase Order/Check Number _____

Ship To

Organization _____

Address _____

City _____

State/Province _____ Zip/Postal Code _____

Country _____

Phone Number _____

Fax Number _____

Contact Name _____

Product No.	Description	Quantity	Unit Price (US \$)	Amount
1	ATLAS Coach Instructor Package		280.00	
2	ATLAS Squad Leader Package		11.00	
3	ATLAS Athlete Package		11.00	
4	ATHENA Coach Instructor Package		280.00	
5	ATHENA Squad Leader Package		11.00	
6	ATHENA Athlete Package		11.00	
			Subtotal	
	Shipping & Handling	1	11% of Subtotal	
Please allow 6 to 8 weeks for delivery.				Total

Please make your payment to:
Oregon Health & Science University (Tax ID# 93-1176109)

Send to:
Center for Health Promotion Research
Oregon Health & Science University
3181 SW Sam Jackson Park Road, CR 110
Portland, OR 97239-3098
503-494-1310 (fax)
503-418-4166 (phone)
chpr@ohsu.edu
www.atlasprogram.com

FOR CHPR USE ONLY

Order Number _____	Invoice Number _____
Order Date _____	Invoice Date _____
Terms _____	Salesperson _____