

# Transitions Order Form

## Contact Information

Name	
Title	
Institution	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## How did you hear about Transitions?

- Internet                       Newsletter  
 Website                          Media  
 Word of Mouth                 Direct Contact

## What elements of the Transitions package are you interested in?

- Personal resource book for students  
 Large resource book for counselling services offices  
 Wallet Cards  
 Posters  
 Do you want to add customizable pages to Transitions?

## Agreement and Signature

By submitting this order form, I affirm that the facts set forth in it are true and complete.

Name	
Date	

## Our Policy

Once we have received your order form we will follow up with a license agreement and explain the payment plan. Transitions can be purchased at a cost of \$2,500 for a 5-year license.

*Please note: Your signature above **does not** constitute an agreement of purchase.*

Please send this form via email to [transitions@teenmentalhealth.org](mailto:transitions@teenmentalhealth.org) or by fax (902) 492-0383 or for more information visit [www.teenmentalhealth.org](http://www.teenmentalhealth.org).