

# CONFERENCE RECORDING ORDER FORM

## 2017 Worcester Catholic Men's Conference

**SHIP TO:** \_\_\_\_\_ Please Print Clearly

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** (optional) \_\_\_\_\_

(Telephone # required for credit card orders)

Fill in quantity being ordered

| ITEM #    | SPEAKER                                | DVD | CD |
|-----------|--|-----|----|
| SET W17   | *** ALL 5 TALKS AT DISCOUNT PRICE ***  |     |    |
| <i>OR</i> | <i>OR order individual talks below</i> |     |    |
| 507       | Jeff Cavins                            |     |    |
| 508       | Shawn Carney                           |     |    |
| 509       | Fr. Chase Hilgenbrinck                 |     |    |
| 510       | Joe Dittmar                            |     |    |
| 511       | Tony Brandt & Chris Stewart            |     |    |

**PAYMENT METHOD**

Cash

Credit Card

Check ( # \_\_\_\_\_ )

Credit Cards Processed Thru Pay Pal

**MAKE CHECKS PAYABLE TO:**

**GEORGE WILLETT**  
 292 Franklin Street  
 Braintree, MA 02184  
 781-849-0406  
 willett@beld.net  
 www.georgewillett.com

-----

Please Allow 3-6 Weeks for Delivery

| ** COMPLETE DISCOUNTED SETS **                              |     |        |                |
|---|-----|--------|----------------|
|   | QTY |        | \$ TOTAL       |
| DVD SET   |     | x \$45 |                |
| CD SET  |     | x \$35 |                |
| SINGLE COPIES   |     |        |                |
| DVD   |     | x \$12 |                |
| CD  |     | x \$ 8 |                |
| <b>TOTAL RECORDING AMT.</b>                                 |     |        | <b>\$</b>      |
| <b>MA SALES TAX Add 6.25%</b><br><i>(MA addresses only)</i> |     |        | <b>\$</b>      |
| <b>SHIPPING &amp; HANDLING</b>                              |     |        | <b>\$ 4.00</b> |
| <b>TOTAL DUE</b>  |     |        | <b>\$</b>      |

**CREDIT CARD ORDERS:** Enter info exactly as it appears on credit card statement

**Card Type:**  Visa  MasterCard  Discover  American Express

**Cardholder Name:** \_\_\_\_\_ **Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ Month \_\_\_\_\_ Year **Card Verification #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\*\*( If different than shipping address )\*\*