

Athena: Order Instructions-- www.athenainstitute.com

This form cannot be submitted online--it is an alternative to Our Secure Shopping Cart. You must print it, fill it out, and then mail it to us. Or if you prefer, you can phone in your order (610-827-2200).

You can also e-mail us to receive free printed info (please state in your message which products interest you, and provide a mailing address).



Order online

Please send me:

- | | | |
|--|-----------------|-------|
| <input type="checkbox"/> Vials of 10:13 for Women | each US \$98.50 | _____ |
| <input type="checkbox"/> Vials of 10X for Men | each US \$99.50 | _____ |
| <input type="checkbox"/> 6-pak containing: <input type="checkbox"/> 10:13 + <input type="checkbox"/> 10X | \$500.00 | _____ |
| <input type="checkbox"/> Empty mixing bottle (2oz screw cap) | * \$5.00 | _____ |
| <input type="checkbox"/> Travel bottle 1/2 oz. w/ rod applicator | * \$7.00 | _____ |
| <input type="checkbox"/> Wide Mouth Funnel for Spray Transfer | * \$3.00 | _____ |
| <input type="checkbox"/> Hormones and Your Health (paperback) | \$20.00 | _____ |
| <input type="checkbox"/> Love Cycles (paperback) | \$19.95 | _____ |

Ship method & charges

- | | | |
|--|---------|-------|
| <input type="checkbox"/> Standard (USA Only): (2+ vials ship free to USA) | \$7.00 | _____ |
| <input type="checkbox"/> Priority Mail (USA Only): | \$20.00 | _____ |
| <input type="checkbox"/> Express USA: Mon. to Fri. delivery (under 8 oz.) | \$40.00 | _____ |

Foreign charges

- | | |
|--|-------|
| <input type="checkbox"/> ADD PER VIAL: Canada \$21.00, (\$33.00 for 2+Vials). Elsewhere \$23.00, (\$33.00 for 2+) | _____ |
| <i>Foreign Express, see website, please</i> | _____ |
| Tax: To PA addresses only: Add 6% sales tax | _____ |

Total Enclosed (Payable to "Athena Institute") US \$ _____

Please help us out: How did you learn about us?

(if from a magazine, which issue) _____

This is a: 1st order Reorder

My Payment Method Enclosed:

- U.S. Money Order, **U.S. Check (for standard ship US only)
- Charge my Visa/MC/Disc. # _____ - _____ - _____ - _____
- exp: _____ 3-Digit Security code: _____ Signature _____

**Billing address must match shipping address for new customers using a credit card

Ship my order to:

Name _____

Address _____ Apt# _____

City, _____ State _____

Zip _____ Country _____

Tel, _____ email: _____

**Make payable to
"Athena Institute"**

**send to:
Athena Institute
1211 Braefield Road
Chester Springs, PA 19425**

*Only sold with vial

**Orders processed immediately, except CHECK ORDERS allow 28 days for delivery.

Note: Athena keeps customers' identities confidential

Not Sold in Stores

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