



Assistive Technology Partners

BREAKING BARRIERS, CHANGING LIVES

ORDER FORM

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Organization: _____

Address: _____

City: _____ State & Zip: _____

Telephone: _____ Fax: _____

Email: _____

QUANTITY	ITEM	PRICE

TOTAL ENCLOSED: \$ _____

Please Circle Payment Method: Master Card / Visa / Check / M.O. / P.O

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Signature _____ Date _____

If paying by check, please make payable to: **UCDHSC / ATP**

Mail or Fax this form with your payment to:

Assistive Technology Partners
601 East 18th Ave. Suite 130
Denver, CO 80203 U.S.A.

Phone (303) 315-1280 or (800) 255-3477
Fax (303) 837-1208
TTY (303) 837-8964