

# Order Form

## REQUIRED NOTICES — 3-in-1 POSTER

ELDER ABUSE, DOMESTIC VIOLENCE AND TEEN DATING VIOLENCE

**COLOR • LAMINATED • 8½" x 14" • IN ENGLISH OR SPANISH**

Satisfies the requirements of Tennessee Code Annotated § 71-6-121 and Public Chapter 446, as of July 1, 2007.

Name \_\_\_\_\_

TPA Membership Receipt Number \_\_\_\_\_ OR \_\_\_Not a TPA Member  
LOCATE ON YOUR MEMBERSHIP CARD OR CALL TPA, 615-256-3023.

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Is the address above your current preferred address for future TPA correspondence? \_\_\_Yes \_\_\_No

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### **3-in-1 Poster**

ENGLISH: Quantity _____ x \$ _____	(\$15 for TPA Members, \$40 for Nonmembers)	\$ _____
SPANISH: Quantity _____ x \$ _____	(\$15 for TPA Members, \$40 for Nonmembers)	\$ _____
Tennessee State Sales Tax: 9.25%		\$ _____
Shipping/Handling: \$3.60 each		\$ _____
<b>TOTAL</b>		<b>\$ _____</b>

### **Payment Information**

\_\_\_ Enclosed is a check made payable to TPA for the total amount of my order.

\_\_\_ Please charge the total amount of my order to my : \_\_\_VISA® \_\_\_MasterCard® \_\_\_ American Express®

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
CREDIT HOLDER NAME (PLEASE PRINT)

\_\_\_\_\_  
AUTHORIZED CHARGE AMOUNT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SECURITY CODE (3 digits after card number on back of Visa and MasterCard; 4 digits above card number on front of American Express)

\_\_\_\_\_  
BILLING ADDRESS

\_\_\_\_\_  
BILLING CITY, STATE, ZIP

**PLEASE FAX YOUR FORM AND PAYMENT TO:  
615-255-3528 or 800-214-2256**

**OR MAIL TO:  
TPA, 500 Church Street, Suite 650, Nashville, TN 37219**

**If you have questions or wish to place your order by phone,  
PLEASE CALL 615-256-3023.**

