

# Nurses Autism Packet Order Form



The Autism Alliance of MetroWest, inc  
14 East Central Street  
Natick, MA 01760

Quantity \_\_\_\_\_ Ordered @ \$149.99 each \$ \_\_\_\_\_

Plus Shipping and Handling fee 7.95 each

Total Enclosed \$ \_\_\_\_\_

**Ship To:**

Name:

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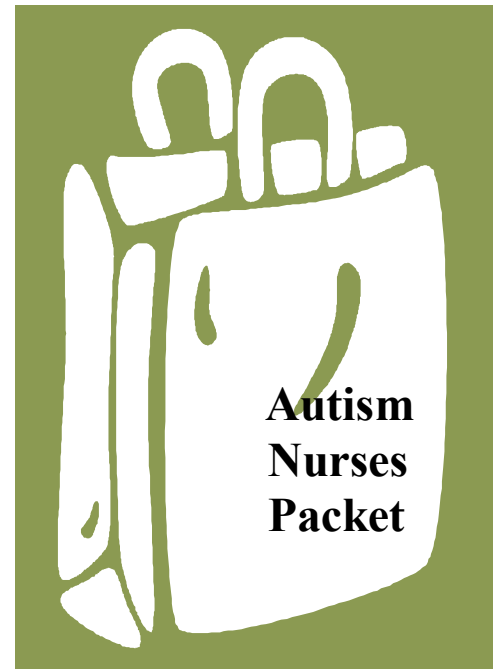
Address:

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Telephone #:

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Please include your check made payable to: **The Autism Alliance of MetroWest, Inc.**

**Send To:** The Autism Alliance of MetroWest, Inc.  
14 East Central Street  
Natick, MA 01760