



INTEGRATIVE LEARNING CENTER
OF MID AMERICA

Mail-in Order Form

Name: _____

Address: _____

State: _____ Zip: _____ Email Address: _____

(Please provide email address only if you check it at least every few days)

Phones: Home: _____ Work: _____ Mobile: _____

Quantity	Item Description	Price	Extension

Payment By: Check Credit Card

Make checks payable to ILCMA.

We accept MasterCard and Visa only. Card Type: **MasterCard** **Visa**

Name as it appears on card (if different than above):

Billing address including zip code (if different than above):

Phone number associated with card (if different than above): _____

CC#: _____ Exp. Date: (mm/yy) _____

Vcode: (3 digits on back above right of signature line): _____

Mail this form with payment to: Integrative Learning Center
4124 Hamilton Ave
Cincinnati, OH 45223

Subtotal	
Shipping*	
Total	

*** Shipping**

If paying by credit card: We will email you or call you with shipping cost before processing your order.

If paying by check: Please use the shipping calculator on our website and add shipping costs. Or contact us by phone or email with your zipcode to obtain your shipping costs before ordering.

**Keep a copy of this form for your records. Need more assistance?
Email us at support@ilcma.com or call us at (513) 827-0027.**