



CELEBRATING FAMILIES!™ ORDER FORM

A product brought to you by the National Association for Children of Addiction (NACoA)

www.celebratingfamilies.net 301.468.0985 / 888.55.4COAS (2627)



PRODUCT DESCRIPTION	QTY	PRICE	COST
ONE SET OF FIVE SPIRAL-BOUND FACILITATOR GUIDES <i>includes 1 CD, 4 DVDs, Handouts, Kissing Hand</i>		\$325 \$299 + \$26 shipping each set	
IMPLEMENTATION PACKAGE <i>10 sets of five spiral-bound facilitator guides, 1 CD, 4DVDs, Handouts, Kissing Hand</i>		\$1844 \$1699 + \$145 shipping each pkg	
ADDITIONAL MATERIALS ONLY AVAILABLE WITH PURCHASE OF IMPLEMENTATION PKG, OR PRIOR PURCHASE			
ADDITIONAL SET OF FIVE SPIRAL BOUND GUIDES ONLY		\$203 \$185 + \$18 shipping each set	
ADDITIONAL PACKAGE OF HANDOUTS w/4 DVDs & CD <i>Which Brain Do You Want?, You're Not Alone, Recovering Hope, Pepper,</i>		\$114 \$99 + \$15 shipping each set	
ADDITIONAL PACKAGE OF HANDOUTS w/CD		\$67 \$55 + \$12 shipping each set	
ADDITIONAL PACKAGE OF 4 DVDs & CD <i>Which Brain Do You Want?, You're Not Alone, Recovering Hope, Pepper</i>		\$67 \$59 + \$8 shipping each set	
ADDITIONAL CD ONLY		\$13 \$10 + \$3 shipping each set	
**NOW AVAILABLE FOR EXISTING AND EMERGING PROGRAMS!			
0 - 3 YEARS SUPPLEMENT PACKAGE <i>Facilitator Guide & Flash Drive, Baby Cues Cards/DVD, Kissing Hand</i>		\$219 \$199 + \$20 shipping each pkg	
0 - 3 YEARS SUPPLEMENT <u>ADDITIONAL PACKAGE OF 2 DVDS</u> <i>Which Brain Do You Want?, Recovering Hope</i>		\$47 \$39 + \$8 shipping each pkg	
<u>THE KISSING HAND ONLY</u>		\$13 \$10 + \$3 shipping each book	
iCELEBRANDO FAMILIAS! FOR HISPANIC COMMUNITIES			
ONE SET OF FACILITATOR GUIDES		\$329 \$299 + \$30 shipping each set	
*prices valid through January 31, 2017			TOTAL COST

Scan/Email: CELEBRATINGFAMILIES@NACOA.ORG Fax: 301.468.0987

Mail: 10920 Connecticut Avenue, Suite 100, Kensington MD 20895

Shipped UPS Ground – Call for shipping arrangements outside continental U.S.

Check or Money Order in U.S. Funds *Included with order form*

Purchase Order Attached *Will invoice at time of shipment*

CREDIT CARD INFORMATION

Visa MasterCard American Express Credit Card Number _____

Expiration Date (MM/YYYY) ____/____ CVC (Security Code) _____

Printed Name on Card _____

Authorized Signature _____

SHIPPING ADDRESS ****Will be used as billing address unless otherwise specified**

Name _____ Title _____

Company/Agency _____

Street Address _____

Need Physical Address for Delivery, no P.O. Box

City _____ State _____ Zip/Plus 4 _____ Phone _____

Email _____ Fax _____

THANK YOU FOR YOUR ORDER! NACoA IS AVAILABLE TO DISCUSS TRAINING AND IMPLEMENTING THE CF! PROGRAM.