

# ALAS Dropout Prevention

A RESEARCH-PROVEN PROGRAM FOR MIDDLE AND HIGH SCHOOL

*Print this form and include it with your order.*

## Order Form (page 1)

**Person who made the decision to purchase:**

School District or Agency: \_\_\_\_\_  
 Name and Job Title: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**Bill to (please type or print):**

School District or Agency: \_\_\_\_\_  
 Bill to Name and Job Title: \_\_\_\_\_  
 Bill to Street Address: \_\_\_\_\_  
 Ship to City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Bill to Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Bill to Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Bill to Email: \_\_\_\_\_

**Ship to (please type or print):**

**Ship to Billing Address Above**

School District or Agency: \_\_\_\_\_  
 Ship to Name and Job Title: \_\_\_\_\_

**In the continental U.S., please provide a street address. We are unable to ship to a P.O. Box.**

Ship to Street Address: \_\_\_\_\_  
 Ship to City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Ship to Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Ship to Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Ship to Email: \_\_\_\_\_

**Order (please fill in the quantity and total price below):**

	Regular Unit Price	Current Sale Price	Quantity	Total Price
ALAS Resilience Builder for Middle School®	\$1,269	\$799**		
ALAS Resilience Builder for High School®	\$1,269	\$799**		
ALAS Resilience Builder for Adjudicated Youth	\$1,269	\$799**		
<b>Merchandise Subtotal:</b>				

\*\* If this order is one of the first 50 orders you will receive an automatic \$120 rebate within six weeks.

<b>Merchandise Subtotal:</b>	
<b>Volume Discount:</b>	
If Merchandise Subtotal is \$5,000 - \$9,999, subtract 5%	-
If Merchandise Subtotal is \$10,000 or more, subtract 10%	
Special Offer (Enter Coupon Code if applicable: _____ )	-
<b>Subtotal:</b>	
California residents, add applicable sales tax to Subtotal:	+
Shipping and Handling, add 6% of Subtotal:	+
<b>Grand Total:</b>	

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## Order Form (page 2)

**Person who made the decision to purchase:**

School District or Agency: \_\_\_\_\_

Name and Job Title: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

**Method of Payment:**

*Check or purchase order must accompany all orders.*

Check Enclosed

Purchase Order # \_\_\_\_\_ *(include signed P.O. with this form)*

*Fax, Phone, and Mail orders are welcome. Check or purchase order must accompany all orders.*

Mail Orders To:  
 ALAS Dropout Prevention  
 3875-A Telegraph Road #155  
 Ventura, CA 93003

Fax: 805-647-2754

Phone: 805-765-5385

Email: [support@alasd Dropout Prevention](mailto:support@alasd Dropout Prevention).com