



CHICAGO KEY NOTE RECORDING ORDER FORM

NAME: _____

SHIPPING ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

DVD or CD \$29.99
(please circle one)

Visa – Mastercard – American Express

Card No.: _____ CSC: _____

Expiration Date: _____ Billing Address (If different from above): _____

Signature: _____

If paying by check, please make check **payable to NACTT Academy**. Mail with this completed form

to: J. Edgar Eubanks & Associates
One Windsor Cove, Suite 305
Columbia, SC 29223

Or fax to: 803-765-0860

Questions should be directed to Regina.Logsdon@ConsiderChapter13.org – 615-642-1645