



Children's Hospital Boston

Software Order Form

www.childrenshospital.org/alp

Product Description:	Quantity	Unit Price	Shipping	Total
<i>VIP – Teaching Language Concepts Software Products:</i>				
	<i>Ryan's Room</i> © Single user license (Please contact us for bulk orders)		\$250	\$20/kit
	<ul style="list-style-type: none"> • Ryan's Room upgrade fee for existing ALP Family users: 		\$80	20/kit
	<i>ALP Family</i> © Single user license (Please contact us for bulk orders)		\$179	\$10/kit
<i>Additional Products:</i>				
	<i>VIP – Video Observational Learning Software</i> ©		\$150	n/a
	<i>ALP Animated Graphics</i> © Autism Language Program (ALP) Animated Graphics (.mov, .avi, .mp4 formats)			
	<ul style="list-style-type: none"> • Sold separately 		\$129	n/a
	<ul style="list-style-type: none"> • For current <i>VIP-TLC</i> users 		\$50	n/a
	<i>Puddingstone Place</i> © : ❖ N.B.: PC version only		\$129	n/a
	<i>Learning Together with Music</i> ©		\$99	n/a
Grand total:				

* System Requirements: *Puddingstone Place* available for PC only; MAC OSX, Windows XP & Vista compatible with all remaining programs



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Purchase Order:

Purchase order number: _____

Tax ID number: _____

Check: *Software will be mailed upon payment receipt.* Please make check payable to:

CHMC Otolaryngologic Foundation

Attention: Linda Smith

9 Hope Avenue

Waltham, MA 02453

Credit Card: Please fax completed form to **781-2162252**. A sales representative will contact you to process the payment information. To expedite this process, place your credit card order by phone at **781-216-3686**.

Date: _____ / _____ / _____

Bill To: Name: _____

Address: _____

City: _____ State: _____

Country: _____

Zip Code: _____ Phone # _____

Email: _____

Credit Card: [circle one] **Master Card / Visa / Amex / Discover**

Credit Card Number: _____

Expiration Date: _____

Ship To: Name: _____ Use Bill To Address

Address: _____

City: _____ State: _____

Country: _____

Zip Code: _____ Phone # _____