

Please Note: If the certification information you provide below is incorrect, your order will not be processed. In addition, a 25% processing fee will be deducted from refund. If you have any questions, please contact us prior to placing your order.

Dr. Sziklai's Advocacy System™



Product Order Form

Mail or FAX

Sziklai Associates, Ltd.

P.O. Box 680480
Park City, Utah
84068-0480

Fax: (435) 658-3217

Please refer to our web site for complete product information and details.

▼ Please staple mailed forms together. Fold along dotted line. Face address through #10 window. ▼

Qty:

Advocacy System™ Trainers Kit* – \$3,500 plus S&H (\$30/Kit)

Certified Trainers Name: _____

Date of Certification: _____

Qty:

Advocacy System™ Agent Training Kit* – \$570 plus S&H (See left)

Certified Trainers Name: _____

Date of Certification: _____

S&H: \$20/Kit

Name(s) of Agent(s) Using Kit: _____

S&H for 5+ Kits: _____

\$15/Each Kit



Advocacy Recruiting System™

Self-Contained Training Program – \$2,995 plus S&H (\$25/Kit)



Additional Recommendation Cards/CDs,
including Mailing Envelopes (S&H: \$30/100)

(May only be purchased by registered users of the Advocacy Recruiting System™)

Qty:

Career Choices	100	\$595 plus S&H
	200	\$1,190 plus S&H
	300*	\$1,606 plus S&H

*10% Discount on quantities of 300 or more (Please place order by phone to receive discount)

Qty:

Choosing a First Career	100	\$595 plus S&H
	200	\$1,190 plus S&H
	300*	\$1,606 plus S&H

Qty:

The “Complete Advocate” (Self-Study) – \$800 plus S&H (\$25/Kit)

Ordering Information:

(*As it appears on the Credit Card being used for payment.)

*Name: _____

Title: _____

Company: _____

Agency Name: _____

Shipping Address:

Number and Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Mobile Phone: _____

Email Address: _____

Payment:

If you would prefer, please call us toll-free with your credit card information.

Credit Card number to charge order to:

_____ Expiration Date: _____

VISA *MasterCard _____ AMEX

*Please provide the 3 digit ID numbers on back of card

****Total Amount of Order: \$:** _____

For Questions, please contact us at:

Toll-free: (888) 323-8628 or jdale@advocacysystem.com

****Please Note:** Shipping & Handling charge is for Federal Express 3 Business Day Delivery. If you need faster delivery please call our toll-free number. Total amount of your complete order will be provided at time of order confirmation.