

# THE GLOW PROJECT

## Product Order Form

### Quantity

- GLOW Project movie DVD \$29.95 ea.
- GLOW Project movie Audio CD \$29.95 ea.
- "Spread the GLOW" pack** with five DVDs and five "You GLOW, Girl!" blank note cards-FREE shipping. **\$140.00 ea.**  
(Save \$33.00)
- DVD Trailer of the GLOW Project movie \$3.00 ea.
- "You GLOW, Girl!" blank note cards (5 pack) \$6.99 ea.

### Must have Books

- "Relationship Networking: The Art of Turning Contacts into Connections" by Sandra Yancey \$17.00 ea.
- "How To Use What You've Got to Get What You Want" by Marilyn Tam \$20.00 ea.
- "Women Make The Best Salesmen" by Marion Luna Brem \$23.95 ea.
- "The 7 Greatest Truths about Successful Women" by Marion Luna Brem \$23.95 ea.
- "Where's Your WOW?: 16 Ways To Make Your Competitors Wish They Were You!" by Robyn Freedman Spizman and Rick Frishman \$19.95 ea.
- Add:  The GLOW Project Magazine, over 55% off newsstand (6 issues) \$18.00

Total Purchase \$ \_\_\_\_\_

Texas Residents only, add 8.25% sales tax \_\_\_\_\_

Shipping and Handling (see rates below) \_\_\_\_\_

**Total Charge \$ \_\_\_\_\_**

**For quantity discounts on 100 units or more or express delivery, contact us at 972-620-9995, ext. 1001 or email [info@glowproject.org](mailto:info@glowproject.org).**

#### Shipping and Handling Charges

- FREE with "Spread the GLOW" pack
- 1-2 items \$6.95
- 3-4 items \$9.95
- 5-8 items \$15.95
- Add \$1.00 for each additional 10 items ordered.

For S&H on larger quantities, phone 972-620-9995, ext. 1001  
Canadian shipment add \$7.50 sub-charge

Sales of the GLOW Project movie benefit these organizations:



CARE



Winnie Palmer Hospital  
for Women & Babies



eWomenNetwork  
Foundation

### Please Print Clearly

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

**Credit Card Information:**  American Express  Visa  MasterCard  Discover Card

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Billing address of credit card: (If same as above, write in "Same.") \_\_\_\_\_  
\_\_\_\_\_

Authorization Signature  \_\_\_\_\_ Date: \_\_\_\_\_

**All payments are nonrefundable.**

## Fax this form to 972-720-9995

or mail to The GLOW Project, 14900 Landmark Blvd., Suite 540, Dallas, TX 75254

For Office Use Only: