

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Order # \_\_\_\_\_

6540 E. Kelton Ln. • Scottsdale, AZ 85254 • Phone: 1-866-998-0560  
 Fax: 480-998-1058 • www.asktheinternettherapist.com • email: jef@asktheinternettherapist.com

## ORDER FORM

Ship to: \_\_\_\_\_ Bill to: \_\_\_\_\_

P.O. #: \_\_\_\_\_ Reference: \_\_\_\_\_

Check Hypnosis Tape or Hypnosis CD where it applies. Products that do not show that option are only offered in Hypnosis CD format. Write the quantities in the line provided.

<b>Hypnosis Audio Tapes (\$19.95 ea.) and CDs (\$24.99 ea.)</b>																					
<p><b>Sleep Forest</b>  <input type="checkbox"/> Hypnosis Tape _____  <input type="checkbox"/> Hypnosis CD _____</p> <p><b>Sleep Beach</b>  <input type="checkbox"/> Hypnosis Tape _____  <input type="checkbox"/> Hypnosis CD _____</p> <p><b>Self-esteem Forest</b>  <input type="checkbox"/> Hypnosis Tape _____  <input type="checkbox"/> Hypnosis CD _____</p> <p><b>Self-esteem Beach</b>  <input type="checkbox"/> Hypnosis Tape _____  <input type="checkbox"/> Hypnosis CD _____</p> <p><b>Weight Reduction</b>  <input type="checkbox"/> Hypnosis Tape _____  <input type="checkbox"/> Hypnosis CD _____</p> <p><b>Pain Reduction</b>  <input type="checkbox"/> Hypnosis Tape _____  <input type="checkbox"/> Hypnosis CD _____</p> <p><b>Smoking Cessation</b>  <input type="checkbox"/> Hypnosis Tape _____  <input type="checkbox"/> Hypnosis CD _____</p>	<p><b>Sports/Exercise</b>  <input type="checkbox"/> Exercise Motivation _____  <input type="checkbox"/> Golf Performance Improvement _____  <input type="checkbox"/> Sports Performance _____</p> <p><b>Medical</b>  <input type="checkbox"/> Controlling IBS _____  <input type="checkbox"/> Asthma Relief _____  <input type="checkbox"/> Childbirth _____</p> <p><b>Self-esteem</b>  <input type="checkbox"/> Self-respect _____  <input type="checkbox"/> Releasing Negative Anchors _____</p> <p><input type="checkbox"/> Stop Negativity _____  <input type="checkbox"/> Self-improvement _____  <input type="checkbox"/> Self-control _____  <input type="checkbox"/> Self-confidence _____  <input type="checkbox"/> Dealing With Guilt _____  <input type="checkbox"/> Overcoming Shyness _____</p> <p><b>Habit and Addictions</b>  <input type="checkbox"/> Freedom from Addiction _____  <input type="checkbox"/> Shopaholic _____  <input type="checkbox"/> Nail biting _____  <input type="checkbox"/> Stop Stuttering _____  <input type="checkbox"/> Stop Substance Abuse _____  <input type="checkbox"/> Become Alcohol Free _____</p> <p><b>Children</b>  <input type="checkbox"/> Thumbsucking _____  <input type="checkbox"/> Bedwetting _____  <input type="checkbox"/> Stop Nightmares _____  <input type="checkbox"/> Dealing with School Phobia _____  <input type="checkbox"/> Problems Swallowing Pills _____</p>	<p><b>Children (cont.)</b>  <input type="checkbox"/> Test Anxiety _____  <input type="checkbox"/> Nail biting _____  <input type="checkbox"/> Stop Stuttering _____</p> <p><b>Anxiety, Depression, Phobias and Trauma</b>  <input type="checkbox"/> Lifting Depression _____  <input type="checkbox"/> Alleviating Anxiety _____  <input type="checkbox"/> Public Speaking _____  <input type="checkbox"/> Compulsive Hair Pulling _____  <input type="checkbox"/> Fears and Phobias _____  <input type="checkbox"/> Fear of Rejection _____  <input type="checkbox"/> Remedy for Agoraphobia _____  <input type="checkbox"/> Fear of Confrontation _____  <input type="checkbox"/> Fear of Failure _____  <input type="checkbox"/> Fear of Flying _____  <input type="checkbox"/> Fear of Elevators _____  <input type="checkbox"/> Fear of Dentists _____  <input type="checkbox"/> Fear of Heights _____  <input type="checkbox"/> Water Phobia _____  <input type="checkbox"/> Cockroach Phobia _____  <input type="checkbox"/> Afraid of the Dark _____  <input type="checkbox"/> Free of Fear _____  <input type="checkbox"/> Hopelessness and Hope _____  <input type="checkbox"/> Stop Panic Attacks _____  <input type="checkbox"/> Social Anxiety _____  <input type="checkbox"/> Terrorism Fear _____  <input type="checkbox"/> Conquer OCD _____  <input type="checkbox"/> Defeat PTSD _____  <input type="checkbox"/> Claustrophobia _____  <input type="checkbox"/> Inner Child - Re-parenting _____</p> <p><b>Skill Acquisition</b>  <input type="checkbox"/> Self-confidence _____  <input type="checkbox"/> Assertiveness _____  <input type="checkbox"/> Decision Making _____  <input type="checkbox"/> Goal Setting _____</p>	<p><b>Skill Acquisition (cont.)</b>  <input type="checkbox"/> Self-discipline _____  <input type="checkbox"/> Maximizing Performance _____  <input type="checkbox"/> Handling Pressure _____  <input type="checkbox"/> Time Management _____  <input type="checkbox"/> Increasing Memory _____  <input type="checkbox"/> Concentration and Focus _____  <input type="checkbox"/> Develop Optimism _____  <input type="checkbox"/> Improving Study Skills _____  <input type="checkbox"/> Test Taking Improvement _____  <input type="checkbox"/> Learn a Foreign Language _____  <input type="checkbox"/> Test Anxiety _____  <input type="checkbox"/> Public Speaking _____</p> <p><b>Miscellaneous</b>  <input type="checkbox"/> Blocking Unwanted Environmental Noise _____  <input type="checkbox"/> Performance Anxiety _____  <input type="checkbox"/> Procrastination _____  <input type="checkbox"/> Self-sabotage _____  <input type="checkbox"/> Trust Issues _____  <input type="checkbox"/> Learn to Say "No" _____  <input type="checkbox"/> Get Over a Relationship _____  <input type="checkbox"/> Perfectionism _____  <input type="checkbox"/> Getting Over Abortion _____  <input type="checkbox"/> Ending Anger _____  <input type="checkbox"/> Getting Over the Loss of a Love _____  <input type="checkbox"/> Letting Go of the Past _____  <input type="checkbox"/> Adjusting to Loss _____</p> <p><b>Sexual Issues</b>  <input type="checkbox"/> Inability to Attain an Orgasm _____  <input type="checkbox"/> Impotence _____  <input type="checkbox"/> Premature Ejaculation _____</p> <p><b>Hypnotic Children Stories by Christina Anguiano</b>  <input type="checkbox"/> Thumbelina _____  <input type="checkbox"/> The White Cat _____</p>																		
<p><b>Shipping Options:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">One (1) to Two (2) Video tapes, Audio tapes, DVDs, and CDs - via USPS</td> <td style="text-align: right; padding: 2px;">\$ 7.80</td> </tr> <tr> <td style="padding: 2px;">Three (3) to Four (4) Video tapes, Audio tape, DVDs, and CDs - via USPS</td> <td style="text-align: right; padding: 2px;">\$10.70</td> </tr> <tr> <td style="padding: 2px;">One (1) to Two (2) Books</td> <td style="text-align: right; padding: 2px;">\$ 7.80</td> </tr> <tr> <td style="padding: 2px;">Three (3) to Four (4) Books</td> <td style="text-align: right; padding: 2px;">\$10.70</td> </tr> <tr> <td style="padding: 2px;">Complete Set of Mental Videos - Via USPS (Domestic)</td> <td style="text-align: right; padding: 2px;">\$11.90</td> </tr> </table> <p><b>International Shipping via USPS - Call for quote</b>  <b>More than Five Items, Call for a quote</b>  <b>FREE SHIPPING FOR E-BOOKS (VIA E-MAIL ONLY)</b></p>			One (1) to Two (2) Video tapes, Audio tapes, DVDs, and CDs - via USPS	\$ 7.80	Three (3) to Four (4) Video tapes, Audio tape, DVDs, and CDs - via USPS	\$10.70	One (1) to Two (2) Books	\$ 7.80	Three (3) to Four (4) Books	\$10.70	Complete Set of Mental Videos - Via USPS (Domestic)	\$11.90	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Sub-Total</td> <td style="width: 50px;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;">+ Tax</td> <td></td> </tr> <tr> <td style="text-align: center; padding: 5px;">+ Shipping</td> <td></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><b>= GRAND TOTAL</b></td> <td></td> </tr> </table>	Sub-Total		+ Tax		+ Shipping		<b>= GRAND TOTAL</b>	
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\* All Audio Tapes and CDs feature background music from "Peaceful Pond" by Dean Evenson (BMI) ©1996 Soundings of The Planet, 1-800-93PEACE.  
 Price is in US dollars. Items will be shipped within 4-7 business days after order has been placed.

### Payment Method:

Check (Order will not be shipped until check is received and processed. Make checks out to: **Internet Therapist, LLC.**)  
 Check # \_\_\_\_\_

Credit Card:

Visa     Master Card

CC # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Billing Address (If different than shipping address): \_\_\_\_\_

Signature: \_\_\_\_\_

Send check and other inquiries to: **AskTheInternetTherapist.com**  
 6540 E. Kelton Ln.  
 Scottsdale, AZ 85254