



*MID-WEST HACKNEY ASSOCIATION*

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Mid-West Hackney Spring Clinic DVD Order Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Method of Payment:

Check or Cash: \_\_\_\_\_

Visa: \_\_\_\_\_

Mastercard: \_\_\_\_\_

Discover: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 Digit Security Code on back of Card: \_\_\_\_\_

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

Cost: \$75.00 per 3 DVD set plus \$5.50 for shipping and handling costs

I would like to order \_\_\_\_\_ DVD set/sets.

Amount: \_\_\_\_\_

