

THE ENDOWMENT FOR MEDICAL RESEARCH, INC.

T/C+ ORDER FORM *(NOT for Pilot Survey Participants)*

Best way to order is online at www.endowmentmed.org or www.ordertrehalose.com

A portion of the profits from this sale goes to The Endowment for Medical Research, Inc.

MAIL ORDER FORM TO: The Endowment for Medical Research, Inc. **FAX ORDER FORM TO:** (281) 397-6789 Ph: 281-587-2020
P. O. Box 73089, Houston, Texas 77273

Ask about larger quantities priced for resale or great savings. Prices subject to change without notice.
Payment accepted in US funds only. Shipped by Flat Rate Priority Mail or Flat Rate Global Priority Mail.
If mailing Form, make checks payable to: The Endowment for Medical Research, Inc.

See www.pHmarker.com for **FREE Trehalose Handbook.**

2 lb T/C+ = Trehalose/Cinnamon + Bio-available ionic multi-trace minerals \$77.70 <i>USA \$10.99 s&h (2 lb container \$77.70 +\$10.99=\$88.69)</i>	\$ 77.70	\$ 88.69
2 - 2 lb T/C+ = Trehalose/Cinnamon + Bio-available ionic multi-trace minerals \$127.70 <i>USA \$10.99 s&h (2 - 2 lb containers \$127.70 +\$10.99=\$138.69)</i>	\$ 127.70	\$ 138.69
3 - 2 lb T/C+ = Trehalose/Cinnamon + Bio-available ionic multi-trace minerals \$177.70 <i>USA \$10.99 s&h (3 - 2 lb containers \$177.70 +\$14.99=\$188.69)</i>	\$ 177.70	\$ 192.69
T/C+ Glass Shaker with T/C+	\$ 9.97	Free Shipping
<small>Orders shipped outside the US subject to custom charges, international shipping costs may vary. Shipments are Flat Rate Priority and INSURED Flat Rate Global Priority. For INSURED Express mail information go to www.usps.com. All shipments are FOB Houston, Texas. Payment must be in US Dollars. Contact us at (281) 587-2020 for emergencies.</small>	Express shipping extra	\$
	TOTAL:	\$

Name: _____ Date: _____
 Address: _____ City: _____ State/Province: _____
 Zip/Postal Code: _____ Country: _____ Home Phone: _____
 Business Phone: _____ Cell Phone: _____ Fax Number: _____
 e-mail: _____

Cash Check # _____ Credit Card __ Visa __ Master Card __ American Express __ Discover
 Credit Card Number: _____ Exp. Date: _____ Code: _____
 Name/Address on card (if different from above): _____
 City: _____ State/Province: _____ Zip: _____

Signature: _____ Amount Charged: \$ _____