

Speaking from Experience Order Form: Please FAX to 03 9534 7333
Speaking from Experience: \$77 each (plus p&h) or \$55 each (plus p&h) for orders of four DVDs or more

Acquired Brain Injury	Families & Eating Disorders
AIDS – Living with HIV/AIDS	Families and Mental Illness
Alzheimer's Disease and other Dementia	Grief and Older People
Anxiety Disorders	Grief Trauma and Victims of Crime
Arthritis: In Childhood	Grief Trauma and Sexual Abuse
Arthritis: Young Adults with Arthritis	Living with Heart Disease (Asia)
Asthma in Childhood (family perspective)	Heart: Coronary Heart Disease
Asthma in Adults	Heart: Coronary Heart Disease (captioned)
Bipolar: Living with Bipolar Disorder	Heart: Heart Surgery in Later Years
Cancer: Living with Breast Cancer	Heart: Heart Surgery in Later Years (captioned)
Cancer: Living with Bowel Cancer	Huntington's Disease
Cancer: Living with Prostate Cancer	Losing a Baby: Miscarriage, Stillbirth & Neonatal Death
Cardiomyopathy/Heart failure	Motor Neurone Disease
COPD (Chronic Obstructive Pulmonary Disease)	Multiple Sclerosis
Cystic Fibrosis: Newly Diagnosed	Obsessive Compulsive Disorder
Cystic Fibrosis: Adolescence	Osteoarthritis: hip & knee
Cystic Fibrosis: Adults with CF	Osteoporosis
Young People with Diabetes (family perspective)	Living with Persistent Pain
Diabetes: Type 2 Diabetes	Parkinson's Disease: Early Onset
Depression: Living with Depression	Parkinson's Disease: Late Onset
Epilepsy: The Many Faces of Epilepsy	Living with Schizophrenia (Asia)
Epilepsy: In Childhood	Schizophrenia & other Psychotic Illnesses
Epilepsy: Surgery	Stroke: In Mid-Life

Young People and Chronic Illness Package: \$330 for set of 6 OR \$55 each inc GST (plus p&h)

Young People & Asthma	Young People & Hearing Impairment
Young People & Epilepsy	Young People & Mental Health
Families & Chronic Illness	Young People & Type 1 Diabetes

<p>PURCHASER DETAILS</p> <p>Mr/Mrs/Ms/Dr _____</p> <p>Company _____</p> <p>Address _____</p> <p>_____ Postcode _____</p> <p>Email _____</p> <p>Phone _____ Fax _____</p>	<p>PAYMENT DETAILS</p> <p>Total amount owing \$ _____ (plus \$5.50 P&H per title – volume discount for 4 titles or more)</p> <p><input type="checkbox"/> Please issue an invoice <input type="checkbox"/> Please debit my:</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> B/card <input type="checkbox"/> M/card</p> <p>_____</p> <p>Expiry Date _____ Signature _____</p> <p>Name of card holder _____</p>
<p>CONFIRMATION</p> <p>I authorise the above order:</p> <p>Signature _____</p>	<p>Speaking from Experience, A division of RealTime Health Pty Ltd 275 Inkerman St, St Kilda East, VIC, Australia 3183 P 03 9534 7222 F 03 9534 7333 ABN 44 120 278 024</p>