

**Speaking from Experience Order Form: Please FAX to 03 9534 7333**  
**Speaking from Experience Personal Pricing: \$29.95 each (plus p&h)**

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		<b>Living with Heart Disease (Asia)</b>	
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	
<b>Cardiomyopathy/Heart failure</b>		Motor Neurone Disease	
<b>COPD (Chronic Obstructive Pulmonary Disease)</b>		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)		<b>Living with Persistent Pain</b>	
Diabetes: Type 2 Diabetes		Parkinson’s Disease: Early Onset	
Depression: Living with Depression		Parkinson’s Disease: Late Onset	
Epilepsy: The Many Faces of Epilepsy		<b>Living with Schizophrenia (Asia)</b>	
Epilepsy: In Childhood		Schizophrenia & other Psychotic Illnesses	
Epilepsy: Surgery		Stroke: In Mid-Life	

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

<p><b>PURCHASER DETAILS</b></p> <p>Mr/Mrs/Ms/Dr _____</p> <p>Company _____</p> <p>Address _____</p> <p>_____ Postcode _____</p> <p>Email _____</p> <p>Phone _____ Fax _____</p>	<p><b>PAYMENT DETAILS</b></p> <p>Total amount owing \$ _____</p> <p><b>(plus \$5.50 P&amp;H per title – volume discount for 4 titles or more)</b></p> <p><input type="checkbox"/> Please issue an invoice</p> <p><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><b>CONFIRMATION</b></p> <p><b>I authorise the above order:</b></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>