

out of the shadow *international order form*

To order online: www.outoftheshadow.com, OR

Fill out order form, and 1) fax it to: (310) 356-3204 (no cover page necessary), OR

2) mail it to: Vine Street Pictures, P.O. BOX 661495, Los Angeles, CA 90066 USA

SHIPPING AND HANDLING

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CHECK THE BOX BELOW THAT MOST ACCURATELY DESCRIBES YOUR USE.

FILM IS IN ENGLISH. RUNNING TIME: 1 HOUR

INSTITUTIONS

*Universities, Medical Schools, Residency Programs,
Graduate Schools, Professional Schools, Colleges, Hospitals*

\$255.95

COMMUNITY ORGANIZATIONS

*Community Mental Health Centers, VA Hospitals, Community
Colleges, Religious groups, and Non-Profit Organizations*

\$125.95

MENTAL HEALTH ADVOCACY GROUPS

*For Example: Eufami and Rethink. Non-profit family
and consumer groups supporting mental health education.
Use of film for group education.*

\$45.95

HOME VIDEO USE ONLY

\$21.95

GENERAL EDUCATION VERSION (36 minutes)

*This is a specially edited version designed for introductory audiences,
such as high school and community college students and religious groups.*

\$89

DISCUSSION GUIDES

\$26 GUIDE FOR MENTAL HEALTH PROFESSIONALS

\$22 GUIDE FOR FAITH COMMUNITIES

\$5 GUIDE FOR FAMILY CAREGIVERS

DISTRIBUTED BY VINE STREET PICTURES

Phone: (310) 636-0116 Fax: (310) 356-3204

Email: info@outoftheshadow.com

Website: www.outoftheshadow.com

PAYMENT

Orders must be prepaid by one of the following methods.

Credit card and wire are the only acceptable forms of payment.

For wiring instructions, email info@outoftheshadow.com or if you
need an invoice to process pre-payment.

VISA MC AMEX EXP. DATE / _____

C.C.# _____

CVV2 CODE _____ (3 digits on the back of card)

SIGNATURE _____

U.S. INTERNATIONAL MONEY ORDER WIRE

Customer is responsible for shipping charges and all applicable
duties and taxes. Customer may supply us with a courier number
from one of the companies below for shipment.

**We will email you with exact shipping charges for approval before
processing your order.*

Customer shipping account type:

FEDEX AIRBORNE EXPRESS

ACCOUNT# _____

SELECT YOUR PRODUCT(S):

DVD - (*Spanish, French, German, Italian, Greek, and
English subtitles*)
PAL FORMAT

DVD - (*Spanish and English subtitles only*)
NTSC FORMAT

DVD - (*Japanese subtitles only*)

TOTAL PAYMENT AMOUNT*

\$ _____

I have read and agreed to the ordering instructions. Signed: _____