

## **Book Order Form**

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Suite.Rm# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

\_\_\_ # 1-A False Justice: Eight Myths that Convict the Innocent...\$ 25 \_\_\_\_\_

\_\_\_ # 2-B Child Sexual Abuse: Disclosure, Delay and Denial.....\$ 39 \_\_\_\_\_

\_\_\_ # 3-C **The Science of Attorney Advocacy: How  
Courtroom Behavior Affects Jury Decision Making....**\$ 49 \_\_\_\_\_

\_\_\_ # 4-D Investigative Interviews of Children.....\$ 39 \_\_\_\_\_

\_\_\_ # 5-E Jeopardy in the Courtroom.....\$ 29 \_\_\_\_\_

\_\_\_ # 6-F Exit to Freedom.....\$ 25 \_\_\_\_\_

\_\_\_ # 9-I A Beginners Guide to MMPI-A.....\$ 59 \_\_\_\_\_

\_\_\_ # 7-G A Beginner's Guide to the MMPI-2.....\$ 59 \_\_\_\_\_

\_\_\_ # 8-H MMPI, MMPI-2, MMPI-A in Court.....\$ 99 \_\_\_\_\_

\_\_\_ # 21-T Guilty Until Proven Innocent: A Manual.....\$ 30 \_\_\_\_\_

\_\_\_ #DD Deposition Questions for Mental Health Professionals  
Regarding Sexual abuse.....\$ 60 \_\_\_\_\_

\_\_\_ # 11-K Violent Offenders.....\$ 89 \_\_\_\_\_

\_\_\_ # 14-M Investigation and Prosecution of Child Abuse.....\$ 99 \_\_\_\_\_

\_\_\_ # 15-N Saying NO to Vaccines.....\$ 69 \_\_\_\_\_

\_\_\_ # 16-O Fowl! Bird Flu: It's Not What You Think.....\$ 15 \_\_\_\_\_

\_\_\_ # 17-P Vaccines: The Risks, The Benefits, The Choices.....\$ 25 \_\_\_\_\_

\_\_\_ # 18-Q Vaccines: What CDC Documents & Science Reveal....\$ 25 \_\_\_\_\_

\_\_\_ # 19-R The Truth About Vaccines.....\$ 49 \_\_\_\_\_

\_\_\_ #20-S What Your Doctor May Not Tell You About Child. Vacc.\$ 15 \_\_\_\_\_

\_\_\_ # 22-U On My Honour: Secrets of Survival When Falsely Acc..\$ 15 \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

*(Transfer total to other side)*

**Book/CD Total (from other side).....\$ \_\_\_\_\_**

**Shipping (continental US only).....\$ + \_\_\_\_\_**

*1 book = \$ 8 2-3 books = \$ 15 4-5 books = \$21 6-8 books = \$ 25*

*Books shipped UPS or 2 Day USPS with tracking label*

**GRAND TOTAL (Checks/M.O. payable to NCADRC).....\$ \_\_\_\_\_**

Mail this form to NCADRC, P.O. BOX 638, HOLLAND OH 43528 OR credit card orders can be FAXed  
(We accept Checks, Visa, MC, AMEX) Tele: 419-865-0513 FAX: 419-865-0526

### Credit Card Orders

**NAME:** \_\_\_\_\_  
*Cardholder Name (Print)*

**FIRM/COMPANY (IF ANY):** \_\_\_\_\_

**CREDIT CARD: V MC AE (circle): #** \_\_\_\_\_

**CARD EXPIRATION:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

#### DONATION BY CREDIT CARD AUTHORIZATION

If You would like to make a donation by credit card to the NCADRC, please fill-in the information above and the authorization below. All monies go to the operating expenses of the organization. Donated monies are not used for wages or fees of any type.

I hereby authorize the NCADRC to debit my credit card listed above for \$ \_\_\_\_\_ on a :  
**One-time basis      Monthly      Quarterly      Yearly      (Please Circle)**

I further understand that I may revoke this authorization at any time by notifying the NCADRC that I wish to discontinue making future donations.

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