



# 2012 YOGA IN AMERICA STUDY

PURCHASE FORM

SEND THIS FORM TO:  
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Date:	
<b>CONTACT INFORMATION / SHIPPING ADDRESS</b>	
Name:	Address:
Telephone:	
Fax:	
Email:	
<b>BILLING ADDRESS</b>	
Same as Above:	Address:
Name:	
<b>BILLING INFORMATION</b>	
Credit Card Number:	Exp:
Name on Card:	Sec Code:
Amount to be Charged: <b>YOGA ALLIANCE BUSINESS OF YOGA RATE: \$295</b>	

Approval Signature

Date

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