



# 2008-09 Membership Upgrade

**Mail to:**  
 Destination ImagiNation, Inc.  
 PO Box 547  
 Glassboro, NJ 08028

**Fax to:**  
 856-881-3596  
**Online:**  
 www.ShopDI.org

**Questions:**  
 Email: AskDI@dihq.org  
**Need Help?**  
 Call: (856) 881-1603

## Coordinator Shipping Address

Residential       Commercial

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 FAX: \_\_\_\_\_

**Email Address\*** required for complete processing  
 Must match the purchaser or the original 1-Team Pak

## Current 1-Team Pak Number

\_\_\_\_ - \_\_\_\_  
 Membership that will be upgraded

## Billing Address

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_

Quantity	Item	Per Unit	Total
	<b>Affiliate Fee*</b> - Applies to memberships in: AZ, CA, CO, KY, WI, MD, NJ, NM, NY, PA, RI, SC, WY, DE, KS, OK, NV, Brazil, Mexico, Guatemala, and Singapore. Call 856-881-1603 for your Affiliate fee. *Many other Affiliates and Regions collect fees at the point of local registration.		
	<b>USA Domestic</b> - Membership Upgrade to 5-Team pak	<b>\$265</b>	
	<b>International</b> - Membership Upgrade to 5-Team pak	<b>\$210</b>	
	Additional Sets of Program Materials (Printed & CD) - (\$25 USD each, shipping included)	<b>\$25</b>	
All prices are subject to change. Orders must be paid in full to be processed. <b>•Upgrades require a \$10.00 processing fee (included in this price)</b>			<b>Total Purchase</b>

## Payment Method

Choose one method. Payment must be enclosed with this application

**Check #** \_\_\_\_\_  
 Make checks payable to:  
 Destination ImagiNation, Inc.  
 In US Dollars only

**Money Order**  
 Payable to Destination ImagiNation, Inc.

**Purchase Order**  
 PO must be signed. Enclose or fax copy  
 We ship as directed by the PO

**Credit Card:** select one:

Visa       MasterCard       American Express

Card # \_\_\_\_\_ Exp. Date (mm/yy) \_\_\_\_\_

card holder name - must match with billing address information - print or type

card holder signature \_\_\_\_\_

phone number \_\_\_\_\_

**090108Upgrade**