



## Additional Microphones and Manuals Order Form

(916) 966-8313, Fax (916) 244-0582

Prices subject to change without notice.

Qty	Description	Price each	Total
	<b>NaturallySpeaking Manual</b> with quick Reference Guide.	24.99	
	<b>Basic NC-91 Headset</b> Monaural Headset and Microphone.	24.95	
	<b>ANC-700 Headset</b> Monaural Headset with Active Noise Canceling Microphone, mute switch and quick disconnect.	49.95	
	<b>VXI Talk Pro Max</b> Monaural Headset with Active Noise Canceling mic, mute switch, quick disconnect, and Signal Enhancer.	74.95	
	<b>ANC-7100 USB Headset</b> Monaural Headset and Microphone with USB microphone connection.	59.95	
	<b>VXI TalkPro 100 USB Headset</b> Monaural headset, quick disconnect, mute switch, volume control, superior quality noise canceling, Digital Signal Processor (DSP), and manufacturer unconditional 2 year warranty.	124.95	
	<b>Microphone USB Pod (simplex)</b> Provides USB connection for a standard microphone.	44.95	
	<b>Microphone/Earphone USB Pod (duplex)</b> Provides USB connection for standard speakers (or headset) and microphone.	49.95	
	<b>DOR Voice Commands</b> Advanced commands for increased productivity for California Department of Rehabilitation staff using NaturallySpeaking Professional with DOR applications.	329.00	
	<b>Kaiser Voice Commands</b> Advanced commands for increased productivity for Kaiser applications being run with NaturallySpeaking. Substantial discounts available when purchased as part of a training package.  <b>Training Package Discount Code:</b>	279.00	
		<b>Shipping</b>	10.00
<b>Payment:</b> Cash <input type="checkbox"/> Check <input type="checkbox"/> # _____		<b>Sub Total</b>	
Credit Card:    Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/>		<b>Local Tax</b>	
		<b>Total</b>	

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ (No Spam!)

### Credit Card Information

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ Security Number: \_\_\_\_\_ (back of card)

Zip Code of Credit Card billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**Thank you!**