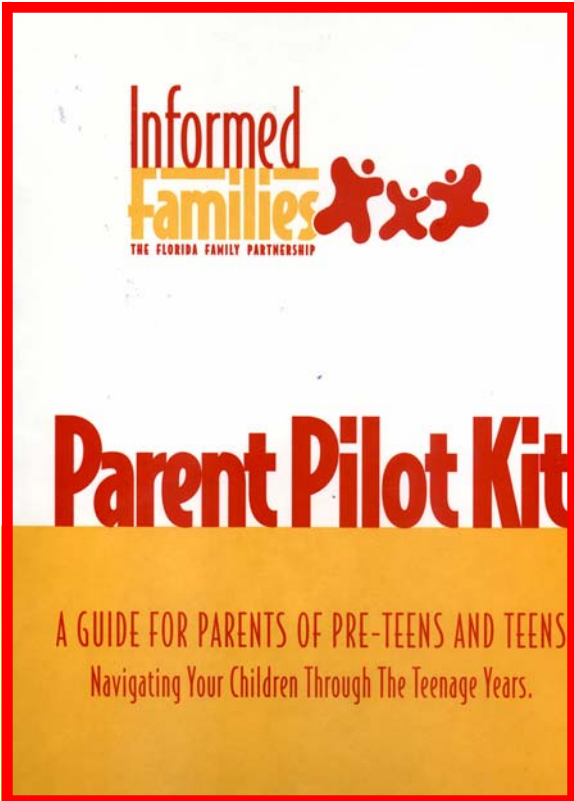


# Informed Families' Parent Pilot Kit

*A Guide For Parents of Pre-Teens and Teens  
Navigating Your Children Through the Teenage Years*



*"In our present climate of social and personal change, parents and families are the main 'safety zones' for a child's education and view of the world. The Parent Pilot Kit is an excellent tool for everyone raising children.*

*- David Perez-Ginart, Psy.D  
Cedars Medical Center*

- The **Parent Pilot Kit** is a tool to educate and unite parents in a process to help kids grow up safe, healthy and drug free. It is written by parents for parents.
- The **Parent Pilot Kit** is a collection of the latest and best research on teenage brain development, media and advertising and social norms.
- The **Parent Pilot Kit** contains information about communication, driving laws, drug charts, tobacco control, parental self-evaluations and instructions for starting parent peer groups. It also includes Safe Homes/Safe Parties pledges, charts for management of rules and chores and a family calendar.
- The **Parent Pilot Kit** is a working binder which contains a proactive training program to educate and involve parents of pre-teens and teenagers in substance abuse prevention.

## ORDER FORM

### Pricing (does not include shipping and handling)

1-29 Kits	\$24.95 ea. + tax
30-99	\$22.95 ea. + tax
100-199	\$21.95 ea. + tax
200-299	\$20.95 ea. + tax
300 & up	\$20.00 ea. + tax

### Shipping & Handling Charges

1-4 Kits	\$5.00
5-9 Kits	\$8.00
10-15 Kits	\$11.00
16 Kits +	Call Informed Families (305) 856-4886

Item	Qty.	Price	Total
Parent Pilot Kit			

Subtotal \$ \_\_\_\_\_

Sales Tax \$ \_\_\_\_\_  
(7 % FL Residents Only)

\*Tax exempt orders need to supply tax ID number

Shipping & Handling \$ \_\_\_\_\_  
(See Chart Above)

Total Order \$ \_\_\_\_\_

\* Tax ID number \_\_\_\_\_

### Payment Method

\_\_\_\_\_ Check Enclosed \_\_\_\_\_ Charge VISA/MC # \_\_\_\_\_ Exp. \_\_\_\_\_

Name as it appears on card \_\_\_\_\_  
Signature of cardholder \_\_\_\_\_

### Billing Address

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_  
E-mail \_\_\_\_\_

### Shipping Address

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_  
E-mail \_\_\_\_\_

### Return form to:

**Informed Families**  
Attn. : Ivanette Valencia  
2490 Coral Way  
Miami, FL 33145  
Phone: (305) 856-4886  
Fax: (305) 856-4815