

**THE LEADER  
P.O. Box 468  
6 Birch Hill Road  
Locust Valley, NY 11560**

**Phone: 516-676-1434  
Fax: 516-676-1414**

**DATE** \_\_\_\_\_

**\$32/One Year** \_\_\_\_\_

**\$59/Two Years** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**Check enclosed payable to THE LEADER:**

**MasterCard or VISA (please circle one):**

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Three Digit Security (CVC) Code (on back of card):** \_\_\_\_\_

**Billing Zip Code:** \_\_\_\_\_

**THANK YOU.**