



University of Illinois Counseling Center Self-Help Brochure Order Form

Brochures are bundled in packages of 25. Please indicate how many packages of each brochure you would like. Brochure text can be viewed at counselingcenter.illinois.edu/brochures.

Brochure Title	Quantity	Each	Total
Abuse		\$7	
ADHD		\$7	
Adjusting to College		\$7	
Alcohol and Other Drug Use		\$7	
Anxiety		\$7	
Assisting a Friend Who May Have an Eating Disorder		\$7	
Being Assertive in a Multicultural World		\$7	
Body Size Diversity and Acceptance		\$7	
Breakups		\$7	
Coming Out		\$7	
Coping with Mental Illness in the Family		\$7	
Coping with Race-Related Stress		\$7	
Cross Cultural Journey for International Students		\$7	
Depression		\$7	
Eating Disorders		\$7	
Effective Sleep Practices		\$7	
Experiencing and Expressing Emotion		\$7	
First Generation College Students		\$7	
The Gender Galaxy		\$7	
Grief and Loss		\$7	
Group Counseling		\$7	
Healthy Relationships		\$7	
Helping Distressed and Distressing Students		\$7	
Loneliness		\$7	
Managing School and Life Responsibilities		\$7	
Overcoming Procrastination		\$7	
Perfectionism		\$7	
Promoting Wellness and Positive Lifestyle Change		\$7	
Recovering from Shame		\$7	
Safer Cannabis Use		\$7	
Self-Esteem		\$7	
Sexual Violence		\$7	
Stress Management		\$7	
Suicide Prevention		\$7	
Test Anxiety		\$7	
Time Management		\$7	
Trauma		\$7	
Understanding Unhealthy Relationships in Your Family		\$7	
SUBTOTAL			
SHIPPING (see U.S. shipping rates to the right)			
ORDER TOTAL			

Continental U.S. Shipping/Processing Rates*	
1-20 packages	\$12
21-40 packages	\$14
41-60 packages	\$16
61-80 packages	\$20
81-100 packages	\$35
More than 100 packages	please call
*If ordering from Alaska, Hawaii, or Canada, please call for shipping rate.	

Shipping/Contact Information
Name
Organization
Address 1
Address 2
City
State
ZIP Code
Phone Number
Email

Payment for total amount must accompany order. Purchase orders are not accepted. We accept Visa, MasterCard, Discover, and American Express. Checks should be made payable to the University of Illinois.

Payment Information
<input type="checkbox"/> check <input type="checkbox"/> credit card
Credit Card Number _____
Exp. Date _____ Sec. Code _____ Billing ZIP _____
Signature _____

Return order form and/or check to:
University of Illinois Counseling Center 610 E. John Street, MC-306 Champaign, IL 61820
Fax: 217-244-7586
Phone: 217-300-9992
FEIN #: 37-6000511