



# ORDER FORM

Please enclose check or P.O. with your order (see #4, below).

DATE:

## 1. BILL TO:

Name \_\_\_\_\_

Title \_\_\_\_\_

School/Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## 2. SHIP TO:

Name \_\_\_\_\_

Title \_\_\_\_\_

School/Institution \_\_\_\_\_

Address \_\_\_\_\_

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\_\_\_\_\_

Phone \_\_\_\_\_

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## 4. PAYMENT METHOD

**Purchase Order enclosed:**

P.O. # \_\_\_\_\_

*Please send payment within 60 days of placing order to avoid any interruption in the delivery of your magazines.*

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