

ORDER FORM

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Date :	Order number:					
INVOICE: SHIP TO:						
Name:		Name :				
Institution:		Institution:				
Address: City: State: Zip code:		Address				
		City: State:				
		Zip Code :				
Tel:		Tel:				
Email:		Email:				
Payment by check or credit card: Credit Card: VISA MASTERCARD Name on card: Credit card number: 3-digit security code:						
Expiry Date :						
Email address of person placing order:						
TITLE		FORMAT	PRICE	QTY	TOTAL	
Shipping and handling:			SUB-TOTAL:			
(\$23 for the first item, plus \$1 for each additional item)			SHIPPING: TOTAL: U.S. funds			
Comments : All orders are in U.S. funds.			ML i		u.s. iunus	