



NASDSE PUBLICATION ORDER FORM

Ship to:

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Day Phone _____

E-mail address _____

Bill to: (if different than shipping address)

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Day Phone _____

E-mail address _____

Method of Payment

Check or Money Order Invoice Me (PO attached) Charge my: VISA MasterCard

Credit Card Holder _____

Credit Card Number _____ CVS _____ Expiration Date _____

Signature _____

stock number	title	quantity	unit price	line total
Subtotal				
Shipping & Handling <small>(20% of subtotal for standard delivery; 30% for expedited delivery)</small>				(+)
TOTAL				

ALL SALES ARE FINAL.

Mail orders to: NASDSE Publications, 225 Reinekers Lane, Suite 420, Alexandria, VA 22314

FAX orders: 703/519-3808 **Web orders:** www.nasdse.org