

**PUBLICATION ORDER FORM**

---

718 Providence Road, Malvern, PA 19355-3402  
 Phone: 610.644.2212 Fax: 610.640.5388

<u>Quantity</u>	<u>Title of publication</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Optional overnight shipping:** (additional charge of \$15) \_\_\_\_\_

**Sales tax (if applicable)** \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**Ship to:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Payment** Type of Credit Card  
 \_\_\_\_\_ American Express    \_\_\_\_\_ MasterCard    \_\_\_\_\_ VISA    \_\_\_\_\_ Discover

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Exp. date: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_