ORDER FORM

QTY	CODE	ITEM	UNIT PRICE	TOTAL

SUB-TOTAL _____

SHIPPING 3% OF SUB-TOTAL _____

+ PACKING FEE $7.00

TOTAL _____

PURCHASE ORDER # _____

PHONE NUMBER _____

Email address _____

SHIP TO:

_____
Name [and title if applicable]

_____
[Institution]

_____
Street (UPS requires a street address, not a P.O. Box)

_____
City State Zip Code

BILL TO: (Complete if different from Ship to:)

_____
Name [and title if applicable]

_____
[Institution]

_____
Street

_____
City State Zip Code

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