

2011 ACA PRODUCT ORDER FORM

Customer Information (Please Print)

Current ACA Membership Number _____ Required for ACA Member Prices

Legal Name _____ M.I. _____ Last Name _____

E-mail Address of Person Ordering _____

Bill To/Ship To:

Name _____

Institution Name _____

Mailing Address _____

Please use street address/Cannot ship to PO Box

City _____ State/Province _____ Zip _____ Country _____

Daytime Phone () _____ Cell Phone () _____

Fax () _____ E-mail _____

or _____

If billing address and shipping address are different, please attach the necessary information on a separate sheet.

ORDER #	TITLE	QTY	UNIT PRICE	TOTAL

*Please add \$8.75 for shipping of the first book and \$1.00 for each additional book up to 20 copies. For 21 books or more, please add \$.50 for each additional book (e.g., 21 books = \$28.25). **For shipping and handling information to Alaska, Hawaii, Puerto Rico, or outside U.S. see pg. 63***

Item subtotal	\$
Shipping & handling	\$
Rush orders add \$10	\$
Subtotal	\$
VA residents add 5% sales tax	\$
Total amount	\$

Payment Method

Total amount enclosed or to be charged \$ _____

Check or money order, payable to ACA in U.S. funds, enclosed.

VISA MasterCard American Express Discover

Credit Card # _____ Exp. Date _____

CVC Code: AmEx (4 digits above credit card #) _____

VISA, MC, Discover (last 3 digits next to signature line) _____

Cardholder's Name _____

(Please Print)

Authorized Signature _____ Date _____

Phone _____