

ilma

2012

Membership Directory

ORDER FORM

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Member — Number of copies: _____ @ \$ 95 = _____

Non-Member — Number of copies: _____ @ \$195 = _____

Note: For all shipments **outside of North America there will be a \$25 shipping and handling fee per copy, which must be paid when the order is placed.*

*SHIPPING & HANDLING FEE: Number of copies: _____ @ \$ 25 = _____

TOTAL PAYMENT: \$ _____

NO ORDERS WILL BE PROCESSED WITHOUT PAYMENT.

Payment by: Check Visa Mastercard American Express

Card Number _____

Expiration _____ Today's Date _____

Signature _____

Office Use Only: Batch _____ Date _____ Init. _____

FAX to: 703/836-8503 or MAIL to: ILMA, 400 N. Columbus Street, Suite 201, Alexandria, VA 22314