DVD ORDER FORM

Mail or Fax to: IICME DVD Series
P.O. Box 350 • Springville, AL 35146
Phone (205) 467-3158 • Fax (205) 467-3199

Date:_____ E-Mail: _____

_____
First Name Middle Initial Last Name

Please indicate your title: ❑ MD ❑ DO ❑ PHD ❑ MPH ❑ RT(R) ❑ RT(T)(M) ❑ OTHER _____

SHIPPING INFORMATION ***(No P.O. Boxes)***

_____
Physical Street Address

_____
City State Zip Code Country

Day Phone: (_____)_____ Home Phone: (_____)_____

BILLING ADDRESS ☐ **Same as above** **Note: Must have credit card billing address to process payment.**

_____
Billing Address

_____
City State Zip Code Country

Quantity	DVD Description	Amount

U.S. Shipping $12 per set ordered	**SUBTOTAL**	**$**
(Call for Canada & Overseas Shipping & Handling)	**SHIPPING**	**$**
(U.S. funds on U.S. bank or Postal Money Order in U.S. funds)	**TOTAL**	

PAYMENT INFORMATION

❑ Check ❑ Money Order ❑ Discover ❑ Visa ❑ MasterCard

Name as it appears on the Credit Card/Check _____

Card #: _____ Expiration Date: Month _____ Year _____

Signature: _____