



AACC Publications Order Form

Product #	Title	Quantity	Unit Price	Total
Subtotal (excluding CD-ROM products)				
To calculate Shipping and Handling charge, enter percentage from chart below.				%
Shipping and Handling charge				
(Note: Shipping and Handling is already included in the price of the CD-ROM products.) Subtotal of CD-ROM Products				
Yes, I want to join AACC and pay the reduced member prices. (Full member-\$210, Affiliate-\$120)				
Total Amount Enclosed/Bill to Credit Card				


4 Easy Ways to Order




Order online at www.aacc.org



Fax the completed order form to AACC's Customer Service Department at (202) 887-5093



Call AACC (800) 892-1400 or (202) 857-0717 and place your order directly with an AACC customer service representative. Have your credit card ready.



Mail the completed order form to AACC Customer Service Dept. P.O. Box 759230 Baltimore, MD 21275-9230

Shipping Options

Services	Domestic/S&H	International/S&H
Standard	2-4 Weeks/7% of subtotal	4-6 Weeks/17% of subtotal
Express	3 days/15% of subtotal	7-10 Days/24% of subtotal
Rush	FedEx Provide your account number \$25.00 rush fee will be added	FedEx Provide your account number \$25.00 rush fee will be added

Order online today at www.aacc.org

Shipping Address (please print):

Name _____ Title _____

Organization _____

Street Address (**No PO Boxes**) _____

City/State/Province _____ Zip/Postal Code _____ Country _____

E-mail _____

Telephone _____ Fax _____

Please update my permanent AACC record with the above information.

AACC Member # _____ FedEx Account # _____

For information about wire transfers, contact the AACC Customer Service Department. Prices subject to change without notice. Please refer to aacc.org for most current price.

All orders must be prepaid. Sorry, we cannot accept purchase orders.

Enclosed is my: Company Check Personal Check \$ _____ Payable to AACC.

Charge my: VISA MasterCard American Express

Card No. _____ Exp. Date _____

Signature _____

Name on Card _____

Credit Card Billing Address Exactly as it appears on your statement.

Amt. Paid _____	Chk. _____	For Office Use	Date ____/____/____
------------------------	-------------------	-----------------------	----------------------------