

Bill to: (Please print.)

Name: _____
 Organization: _____
 Address: _____

 City: _____ State/Province: _____
 Zip/Postal Code: _____
 Country: _____
 Telephone: _____
 E-mail: _____
 Fax: _____

Ship to (if different than billing): (Please print.)

Name: _____
 Organization: _____
 Address: _____

 City: _____ State/Province: _____
 Zip/Postal Code: _____
 Country: _____
 Telephone: _____
 E-mail: _____
 Fax: _____

QTY	Item Code	Title	Price	Total

Discount for multiple copies of the same title offered	
# Copies	Price Per Copy
1-3	Full Price
3-9	5% Discount
10-24	10% Discount
25-99	15% Discount
100-499	20% Discount
500+	25% Discount

Subtotal	
Shipping/Handling (See info below)	
Express Shipping	
Sales Tax (PA Shipments add 6%)	
Total	

Shipping and Handling	
Within North America	Add 10% (min. \$10)
Outside North America	International Express 1-3 day delivery Add 35% (min. \$40)

Express Shipping (North America Only)*			
	2-Day	Overnight	Early Morning
1-3 Documents	\$11	\$16	\$23
4-6 Documents	\$14	\$19	\$26
7-10 Documents	\$16	\$21	\$28
Specialty Collections	\$16	\$21	\$28
*Express charges are in addition to the regular shipping and handling charges.			

Membership Account # (if nonmember, put N/A):

Method of Payment

- Payment enclosed in full Mastercard
 VISA AMEX

Card Number

Expiration Date (MM/YY): _____ CSV#: _____

Purchase order **MUST** be faxed or mailed.
 Payment due in full upon receipt of invoice.
 Federal Tax ID #23-7089361

Mail to:

Clinical and Laboratory Standards Institute
 950 West Valley Road, Suite 2500
 Wayne, PA 19087 USA

Wire Transfer

Contact customerservice@clsi.org.

Thank you for your order. Please photocopy this form for multiple orders.