Shoreland PUBLICATIONS

Travel & Routine Immunizations

2012-13 Edition

ORDER FORM

Send me _____ books x $40 (USD) per book _____

Wisconsin sales tax (if applicable) add 5.6% _____

Shipping $8 (USD) per order _____ $8.00

TOTAL _____

☐ My check is enclosed *(payable in U.S. dollars to Shoreland, Inc.)*

☐ Charge my credit card: ☐ AMERICAN EXPRESS ☐ DISCOVER ☐ MASTERCARD ☐ VISA

Card #: |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|

Expiration date: _____ CCV #: _____

Name on card: (PLEASE PRINT) _____

Signature: _____

Card Billing Phone #: _____

Card Billing Address:

(PLEASE PRINT)

_____

_____

_____

Ship to: ☐ SAME AS BILLING

(PLEASE PRINT)

_____

_____

_____

Contact Phone #: _____

TO ORDER fax this form to 414-290-1907 or call us at 800-433-5256 or 414-290-1900 or mail form to Shoreland, Inc. ▪ P.O. Box 13795 ▪ Milwaukee, WI 53213-0795 ▪ USA

P.O. Box 13795 ▪ Milwaukee, WI 53213-0795 ▪ USA
800-433-5256 or 414-290-1900
Fax: 414-290-1907
sales@shoreland.com

Shoreland

Learn more at www.shoreland.com