

# FAMIC **STUDY ORDER FORM**

Funeral & Memorial Information Council

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Today's Date \_\_\_\_\_

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address (No P.O. Boxes)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Ship To (Use only if different from ordered by)

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address (No P.O. Boxes)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Fax Number

**MEMBER AFFILIATION** (check all that apply): Must be a member of one of these FAMIC organizations to receive member price. Membership will be verified.

CANA    CFSA    FSF    IOGR    MBNA    NCBVA    NFDA    NFDMA    SIFH

Quantity	Title	Price	Total	
	<b>FAMIC Study Interview Schedule</b>	Free		
	<b>FAMIC Study Executive Summary</b>	Free-members/\$500-nonmembers		
	<b>FAMIC Study Report</b> (includes Executive Summary, Details and Cross Tabs)	\$5,000-members/\$7,500-nonmembers		
<i>Prepayment required before shipping. *FAMIC Study Interview Schedule will not incur shipping/handling charges if emailed.</i>			<b>Subtotal</b>	
			<b>Shipping/Handling*</b>	<b>\$10.00</b>
			<b>Sales Tax included</b>	<b>00.00</b>
			<b>TOTAL</b>	

**METHOD OF PAYMENT**

Check payable to FAMIC (U.S. dollars drawn on U.S. bank)

**Charge to:**

American Express    Discover    MasterCard    VISA

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

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