

Study Order Form

 Today's Date

 Name/Title

 Company

 Address (No PO Boxes)

 City/State/Zip

 Telephone Number

 Email

 Fax Number

Ship To (if different than ordered by above)

 Name/Title

 Company

 Address (No PO 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.

- CFSA FSF IMSA IOGR LIC
MBNA NVBVA NFDA NFDMA SIFH

Quantity	Title	Price	Total
	FAMIC Study Executive Summary	Free – members/\$750 – non-members	
	FAMIC Study Report (includes Executive Summary, Details and Cross Tabs)	\$5,000 – members/\$7,500 – non-members	
<ul style="list-style-type: none"> <i>Payment required before shipping.</i> 		Subtotal	
		Shipping/Handling	
		Sales Tax Included	00.00
		Total	

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 _____