



## Summary of Proceedings Order Form

### Shipping Information

Prefix \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ ext. \_\_\_\_\_ E-mail address \_\_\_\_\_

### Billing Information Same as Shipping

Prefix \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Item	Year	Quantity	Domestic Price (USD)	International Price (USD)	Total
<i>Summary of Proceedings</i>			\$60	\$80	
<i>Summary of Proceedings</i>			\$60	\$80	
<i>Summary of Proceedings</i>			\$60	\$80	
<i>Summary of Proceedings</i>			\$60	\$80	
<i>Summary of Proceedings</i>			\$60	\$80	
<i>Summary of Proceedings</i>			\$60	\$80	
<i>Summary of Proceedings</i>			\$60	\$80	
Total due:					

Please note: International pricing includes anywhere outside the U.S. and Canada.

**Method of Payment • U.S. Currency Only**

- Check (payable to ATLA in U.S. currency, drawn on a U.S. bank)
- Visa/MasterCard/American Express

---

Card # CVVC/CVCz# Expiration date

---

Name as it appears on card Signature

Prepayment is required for all orders.

**Submit PDF**

or

**Mail**

**Fax**

**E-mail**

Attention: Member Programs Department ATLA 300 S. Wacker Dr. Suite 2100 Chicago, IL 60606-6701	312.386.9337	<a href="mailto:memberrep@atla.com" style="color: blue; text-decoration: underline;">memberrep@atla.com</a>
---	--------------	---