



Florida Academy of
Sciences

FLORIDA SCIENTIST LIBRARY SUBSCRIPTION
2012 Journal Volume 75
ORDER FORM

Library Name: _____

Address for Journal Mailing: _____

City: _____

State/Province: _____ **Country:** _____

Zip/PostCode: _____

Contact Name: _____

Address: _____

City: _____

State/Province: _____ **Country:** _____

Zip/PostCode: _____

Contact Phone: _____

E-mail Address (required for FAS communication): _____

Check Category ordered:

Library (private & public) \$60.00 (U.S. Clients) ____

Library (private & public) \$77.00 (Foreign Clients) ____

Remit completed application and check/bank draft or credit card information (in U.S. dollars only) in the required amount to:

Florida Academy of Sciences

777 E. Princeton St.

Orlando, FL 32803

Payment Type: check/bank draft ____ credit card ____

American Express ____ **Visa** ____ **MasterCard** ____

Credit Card Number: _____

Credit Card Expiration Date: _____

Name on Credit Card: _____