

Order Form

TO PLACE AN ORDER CONTACT:

Email to: orders@aoa.org
Phone: 800/365-2219
FAX: 314/991-4101



TO ORDER COMPLETE AND RETURN TO:

American Optometric Association
Order Department
243 N. Lindbergh Blvd.
St. Louis, MO 63141

NO TELEPHONE ORDERS FOR IMPRINTING OF STATIONERY ITEMS WILL BE ACCEPTED UNLESS IT IS A REPEAT ORDER.

YOU MAY FAX OR E-MAIL YOUR ORDERS FOR FASTER SERVICE.

PLEASE TYPE OR PRINT ALL FAX ORDERS AND INDICATE STOCK / INK COLORS FOR STATIONERY ORDERS.

ALL ORDERS SHIPPED UPS UNLESS OTHERWISE SPECIFIED.

1 BILL TO (Please type or print) DATE _____

NAME First Middle Last

TITLE

DEPARTMENT OR DIVISION

ORGANIZATION

STREET ADDRESS (Please no P.O. boxes. Shipments are made by UPS)

CITY STATE ZIP

TELEPHONE NUMBER

SIGNATURE

MEMBERSHIP NUMBER

2 SHIP TO (Please type or print) DATE _____

NAME First Middle Last

TITLE

DEPARTMENT OR DIVISION

ORGANIZATION

STREET ADDRESS (Please no P.O. boxes. Shipments are made by UPS)

CITY STATE ZIP

TELEPHONE NUMBER

SIGNATURE

MEMBERSHIP NUMBER

PLEASE TURN PAGE TO COMPLETE ORDER FORM

COPY THIS ORDER FORM
SO YOU CAN USE IT FOR ALL ADDITIONAL ORDERS!

Order Form

AOA Member # _____

3

	ITEM NO.	PAGE NO.	DESCRIPTION	QTY.	TYPE STYLE	STOCK COLOR	STOCK SIZE	INK COLOR	TOTAL PRICE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Shipping charges will be added to every order.
MO, VA and Canadian residents will be charged applicable sales tax in addition to shipping charges.

SUBTOTAL	
STATE SALES TAX	
TOTAL	

4

CREDIT ORDERS
 Bill me Bill my company

5

CHARGE TO: MasterCard VISA American Express
 Credit card # _____ Exp. date _____ Name on card _____
 (All shipping, handling, and applicable sales tax will be added.)

6

PLEASE PROOF YOUR ORDER. WE ARE NOT RESPONSIBLE FOR YOUR ERRORS.

***ALL FAXED ORDERS
MUST BE TYPED
OR PRINTED***

7

Double check your order. Be sure that all necessary information is included. Your order must be clear and accurate so we can provide you with the fastest possible service and avoid delays or mishaps.

DON'T FORGET TO CHECK WITH YOUR STATE FOR STATE HIPAA LAWS, AND YOUR POST OFFICE FOR PRINTING COMPLIANCE IN YOUR STATE. PLEASE TYPE OR PRINT ALL FAX ORDERS AND INDICATE STOCK / INK COLORS.

New Order Request Proof

Rerun Order **Your order will be shipped to this address unless advised otherwise on reverse side.**

PLEASE IMPRINT MY STATIONERY AS INDICATED: (Print or type your information) (FOR RX FORMS circle one)

Name _____ Reg. # or Lic. # _____

Name _____ Reg. # or Lic. # _____

Title _____

Address _____

City / State / Zip _____ Telephone () _____

NO TELEPHONE ORDERS WILL BE ACCEPTED FOR IMPRINTED ORDERS UNLESS IT IS A REPEAT ORDER WITHIN THE PAST TWO YEARS. YOU MAY FAX OR E-MAIL YOUR ORDERS FOR FASTER SERVICE. FAX () _____

PLEASE TYPE OR PRINT ALL FAX ORDERS AND INDICATE STOCK / INK COLORS.

ALL PAYMENTS SHOULD BE MADE PAYABLE TO A.O.A. ORDER DEPARTMENT
ALL CREDIT CARD ORDERS SUBJECT TO ACCEPTANCE.

ALLOW 1-2 WEEKS ON PREPRINTED MATERIALS
ALLOW 3-4 WEEKS ON CUSTOM PRINTED STATIONERY ITEMS.