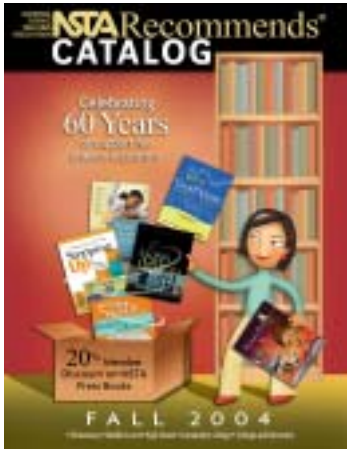


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Coupon Order Form



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P.O. BOX 90214
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Phone: 800-277-5300
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1.

Today's Date _____

NSTA Member (No. _____)

(If no Member number is indicated, you will be charged the Non-Member prices.)

Non-Member

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2.

Bill to (institutions only):

Name _____

Address _____

City _____

State/Province _____ Zip/Postal Code _____

Country _____

Daytime Phone () _____

Fax () _____

E-mail _____

Ship to (no P.O. boxes):

Name _____

Address _____

City _____

State/Province _____ Zip/Postal Code _____

Country _____

Daytime Phone () _____

Fax () _____

E-mail _____

3.

Qty.	Item No.	Title or Description	Unit Price	Total
Subtotal				
Shipping and Handling (see rates below)				
Sales Tax (MD: 5%, VA: 4.5%)				
Total				

4.

Payment Method

Check enclosed (payable to NSTA)

Bill to (Institutions only—purchase order enclosed no. _____)

Charge my:

MasterCard VISA Discover American Express

Number _____

Name on card _____

Exp. Date _____

Signature _____

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\$ 20.01 – 40.00	\$6.25	\$16.25	\$21.25
\$ 40.01 – 60.00	\$7.75	\$17.75	\$22.75
\$ 60.01 – 80.00	\$8.75	\$18.75	\$23.75
\$ 80.01 – 100.00	\$9.75	\$19.75	\$24.75
\$ 100.01 – 150.00	\$10.75	\$20.75	\$25.75
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\$ 200.01 – 300.00	\$14.25	\$24.25	\$29.25
\$ 300.01+	add 5% to order	add 10% to order	add 15% to order

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