



Exhibitor Services Guide Order Form

Company _____

Contact Name _____

Mailing Address _____

City _____ St _____ Zip _____ Country _____

Phone _____ Fax _____

Number of Additional Services Guides (hard-copy): _____

Shipping Choice:

_____ Priority Mail (included in \$25 charge)

_____ Overnight - \$25 plus shipping costs to your account
(please circle shipper and provide account number)

FedEx

UPS

DHL

Account #: _____

TOTAL CHARGE: \$ _____

Payment (credit card only):

_____ Visa _____ MasterCard _____ American Express

Account # _____ Expiration Date _____

Name on Card _____

Signature _____

By signing above, you agree to a charge on your credit card for the amount stated above.

Please return the completed form by mail to: IAAPA
ATTN: Service Guides
1448 Duke Street
Alexandria, VA 22314

OR Fax: 1 – 703 – 738-7483