



2009 MSA RETAIL INDUSTRY REPORT ORDER FORM

SHIP TO INFORMATION

NAME: _____ TITLE: _____
 ORGANIZATION: _____
 ADDRESS: _____ CITY: _____
 STATE / PROVINCE: _____ ZIP CODE / POSTAL CODE: _____ COUNTRY: _____
 TELEPHONE: _____ FAX: _____ E-MAIL: _____

RECIPIENT TYPE (CHECK ONE):	PRICE:	QUANTITY:	TOTAL :
<input type="checkbox"/> MSA MEMBER RATE	\$249		\$ _____
<input type="checkbox"/> NONMEMBER RATE	\$349		\$ _____

FOR SHIPPING WITHIN THE UNITED STATES:

STANDARD SHIPPING BY PRIORITY MAIL (FLAT RATE ENVELOPE) ADD: \$10 \$ _____

FOR SHIPPING INTERNATIONALLY:

PRIORITY MAIL TO CANADA OR MEXICO (FLAT RATE ENVELOPE) ADD: \$15 \$ _____

GLOBAL PRIORITY MAIL TO COUNTRIES OUTSIDE NORTH AMERICA
(FLAT RATE ENVELOPE) ADD: \$20 \$ _____

SHIPPING TOTAL: \$ _____

TOTAL COST TO MSA: \$ _____

IF ORDERING TWO OR MORE COPIES, PLEASE CONTACT MSA OFFICE FOR SHIPPING COSTS.

MAKE ALL CHECKS PAYABLE TO: **MUSEUM STORE ASSOCIATION.** *PLEASE RETURN A COPY OF THIS INVOICE WITH YOUR PAYMENT.* IF YOU HAVE ANY QUESTIONS CONCERNING THIS INVOICE, CALL MSA AT (303) 504-9223.

PAYMENT ENCLOSED:

CHECK IN THE AMOUNT OF \$ _____

(NOTE: PLEASE DO NOT MAIL CREDIT CARD INFORMATION; FAX COMPLETED INVOICE TO MSA OFFICE.)

VISA MC AMEX NUMBER: _____

EXP. DATE: _____ NAME ON CARD: _____

SIGNATURE: _____

MAIL TO: MUSEUM STORE ASSOCIATION, 4100 E MISSISSIPPI AVE, STE # 800, DENVER, CO 80246-3055
FAX TO: (303) 504-9585

FOR MSA OFFICE USE ONLY

DATE RECEIVED _____

CREDIT CARD VISA MC AMEX

CHECK # _____

ENTERED IN IMIS _____

MAIN ID #: _____ ID #: _____