

The poster *Understanding for Life* is available for a nominal fee that covers costs.

Prices and ordering information are shown on the form below.

To order, print out and complete the form and send it with billing information or a check to:

**WISCONSIN CTR FOR EDUCATION RESEARCH DOCUMENT SERVICE**

University of Wisconsin-Madison

242 Educational Sciences Bldg.

1025 W. Johnson St.

Madison, WI 53706-1796

PHONE: 608-265-9698

FAX: 608-263-6448

**HOW TO ORDER**

**Payment**

We accept authorized agency **purchase orders, check, Visa or MasterCard** number with expiration date.

Credit card service fee of **\$2.00** is charged. **Purchase orders** are accepted **only** for orders **over \$20.00**.

For rush orders or orders to be shipped outside the US or Canada, please write or phone ahead for charges.

Orders to be shipped outside the US or Canada must be **prepaid in US funds**.

We can not provide complimentary or preview copies. Prices are subject to change without notice.

**Please give full ordering information**

Name of school or organization.

Name, title, phone and fax numbers of person placing order.

Complete billing and shipping addresses, with zip code; **for UPS delivery, include street address**.

Authorized purchase order number or credit card number (**including expiration date**).

**Rush orders**

Next day air/ 2-day air/UPS charges are in addition to standard shipping and handling.

**ORDER FORM**

**WCER DOCUMENT SERVICES**

University of Wisconsin-Madison

242 Educational Sciences Bldg.

1025 W. Johnson St., Madison, WI 53706-1796

PHONE: 608-265-9698

FAX: 608-263-6448

|                  |                 |
|------------------|-----------------|
| Date             | _____           |
| VISA/MC#         | _____           |
| Exp. Date        | _____ AP# _____ |
| Purchase Order # | _____           |
| Phone #          | _____           |
| Fax #            | _____           |

Phone orders accepted only for VISA or MC: A **\$2.00** service fee will be charged on all credit card orders.

**BILLING ADDRESS** If different from shipping address

*Please print or type*

Name \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

**SHIPPING ADDRESS**

*Please print or type*

Name \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

**NUMBER OF POSTERS:**

**INDIVIDUALLY BOXED POSTERS**

**MULTIPLE POSTERS**

from 2 to 10 per box

**VISA/MC FEE**

check box if applicable

**COST:**

@ **\$4.75**

@ **\$4.30**

@ **\$2.00**

**TOTAL ORDER:**

**ORDERS MUST BE ACCOMPANIED BY CHECK,  
CREDIT CARD #, OR AUTHORIZED  
PURCHASE ORDER NUMBER**

**SPECIAL SHIPPING CHARGES**

(FED EX, UPS 2ND-DAY AIR, OVERSEAS POSTAGE)

**GRAND TOTAL**

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_