

## **Binder Order Form**

Remit payment to: AAM / Laurie Beard 14 West Third St. Suite 200 Kansas City, MO 64105 (816) 221-1296 (816) 472-7765 (fax)

To order a Binder with the presentations offered at the conference, please complete the following form. Binders are now available. Orders will be shipped within five business days.

| Name        | Company |
|-------------|---------|
|             |         |
| Address     | E-mail  |
|             |         |
| City, State | Zip     |
|             |         |
| Phone       | Fax     |
|             |         |

## Shipping Information (if different from above)

| Address     |     |
|-------------|-----|
| City, State | Zip |

| Binder                               |         | Qty | Cost                               | Total |
|--------------------------------------|---------|-----|------------------------------------|-------|
| 2001 Summit (Toronto) member         |         |     | \$100                              |       |
| 2002 Summit (San Antonio) member     |         |     | \$100                              |       |
| 2003 Summit (Boston) member          |         |     | \$100                              |       |
| 2001 Summit (Toronto) non-member     |         |     | \$125                              |       |
| 2002 Summit (San Antonio) non-member |         |     | \$125                              |       |
| 2003 Summit (Boston) non-member      |         |     | \$125                              |       |
| Subtotal                             |         |     |                                    |       |
| Shipping                             |         |     |                                    |       |
| Next Day UPS                         |         |     | Differ by                          |       |
| Second Day UPS                       |         |     | location. Please<br>contact HO for |       |
| UPS Ground                           |         |     | prices                             |       |
| Shipping (You supply your Fedex #)   | Fedex # |     | \$0                                |       |
| Total                                |         |     |                                    | \$    |
|                                      |         |     |                                    |       |
|                                      |         |     |                                    |       |
|                                      |         |     |                                    |       |

## **Payment Information**

| Check (check #     | ) | Credit Card | □ American Exp | ress     | MasterCard | 🗆 Visa |
|--------------------|---|-------------|----------------|----------|------------|--------|
| Print Name on Card |   |             |                |          |            |        |
| Signature          |   |             |                |          |            |        |
| Card Number        |   |             | E              | xp. Date |            |        |