

Order Form

NAEYC Resource Sales:

1-800-424-2460 (main)
 or 866-NAEYC-4U (toll free)
 202-328-2649 (fax)
 resource_sales@naeyc.org

VSP09

NAEYC ITEM #	TITLE/DESCRIPTION	QUANTITY	UNIT PRICE (EACH)	TOTAL PRICE
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

SHIPPING/HANDLING (added to all orders). Check one:

U.S. Standard: UPS Ground (no P.O. boxes) U.S. Mail
U.S. Rush (+\$17.50 fee): UPS Second Day UPS Next Day
International: UPS International (U.S. Territories, Mexico, Other) UPS Canada
Alternate Carrier (\$6.50 fee): (must attach billing/shipping instructions)
Check Fee: If you are paying by check from a bank branch located outside the U.S., add a processing fee of \$10 for amounts up to \$90; add \$20 for amounts over \$90.
Payment: VISA MasterCard AmEx Discover Check/money Order enclosed.
 P.O. (not eligible for Members pricing) P.O. # _____

SUBTOTAL	\$
State Sales Tax <i>(CT, DC, GA, IL only)</i>	
Shipping/Handling <i>(check one box on left)</i>	
Check Fee	
Rush Fee	
Alt. Carrier Fee <i>(\$6.50)</i>	
TOTAL (U.S. funds only)	\$

Member # _____ **Exp. date** _____

(Printed on catalog mailing label above your name and on your member ID card. Current member # is required to get Members pricing.)

PAYMENT METHOD:

Credit Card # _____	Exp. date _____	Security code _____	*Amount _____
Cardholder name (as it appears on card) _____	E-mail (print carefully) _____		
Cardholder signature _____	Daytime phone _____		

**By leaving the AMOUNT field blank, I hereby authorize NAEYC to charge this card for the TOTAL calculated above.*

BILL TO:

Account name _____	Customer ID # (if known) _____		
Contact person _____	Daytime phone _____		
Address _____			
City _____	State/Province _____	Zip _____	Country (if not U.S.) _____
E-mail (print carefully) _____			

SHIP TO: Same as Bill To

Account name _____	Customer ID # (if known) _____		
Contact person _____	Daytime phone _____		
Address _____			
City _____	State/Province _____	Zip _____	Country (if not U.S.) _____
E-mail (print carefully) _____			