

# ORDER Form



AIA Dayton

## AIA Contract Documents

DATE \_\_\_\_\_

Document # _____	@ _____	Quantity _____	Price _____
Document # _____	@ _____	Quantity _____	Price _____
Document # _____	@ _____	Quantity _____	Price _____
Document # _____	@ _____	Quantity _____	Price _____
Document # _____	@ _____	Quantity _____	Price _____
Document # _____	@ _____	Quantity _____	Price _____

SHIPPING & HANDLING:	
Order Total	S&H Charge
Under \$10.00 .....	\$ 3.00
\$ 10.00 - \$ 49.99 .....	\$ 5.95
\$ 50.00 - \$ 99.99 .....	\$ 9.95
\$100.00 - \$149.99 .....	\$12.95
\$150.00 or more .....	\$15.95

20 % discount	Circle One	Member	Sponsor	Prof Affiliate	Order Total _____
					Total _____
					Shipping/Handling _____
					Sub Total _____
					Ohio Sales Tax 7% _____
					Total Amount Due <input type="text"/>

I authorize additional RUSH postage (check box) \_\_\_\_\_  
 \_\_\_ Overnight Early AM    \_\_\_ Overnight    \_\_\_ 2-Day    Signature \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

CITY/PROVINCE: \_\_\_\_\_ FAX \_\_\_\_\_

STATE: \_\_\_\_\_ EMAIL \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ CELL \_\_\_\_\_

Check enclosed made payable to AIA Dayton  
**Send Payment to:**  
**AIA Dayton, PO Box 2324, Dayton, OH 45401-2324**

**Or Fax to: 937-698-6153**

VISA     MASTERCARD     PLEASE INVOICE (Members Only)

Card Number \_\_\_\_\_

Name of Cardholder \_\_\_\_\_  
 Please Print

Expiration Date \_\_\_\_\_ Verification # \_\_\_\_\_

Verification #: Visa/MC/Discover - 3 digits from back of card; AMEX - 4 digits from front of card

I would like to receive the **AIA Dayton Newsbrief** by email on Fridays.

Document Service: AIA Dayton, **Document Pick-Up:** 28 Lowry Dr, West Milton, 45383

Phone: 937-291-1913; Fax: 937-698-615