

## EBSCO ORDER FORM

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INFO

Customer Account No.		
Name:	-	
Organization (Note: To qualify for reception room rates, you must include your or or professional title.)	ganization	name
Address:		
City/State/Zip:		
Phone Number:		
Signature:		
Position:		
I prefer to pay as follows:   Bill to my account  Check enclosed in the amount of		
Make Payable to "EBSCO"	1	
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Allow 60 to 90 days for delivery of first issue.

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