

ORDER FORM

Your Name: _____

Street Address: _____

City/State/Zip: _____

Direct Phone: _____ Email: (Please Print Clearly!) _____

Are You A VLA Member? Yes No If Yes subtract 10% VLA Member Discount

| Title | Quantity | Cost | Subtotal |
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| Remember to include 8.875% Sales Tax | | | |
| And \$4.50 per item for postage | | | |
| TOTAL | | | |

Payment Procedure: *We take cash, check, money order, or credit card. Please make checks or money orders payable to "VLA."*

If using a credit card please provide the card number And Expiration date. Visa or MasterCard or American Express!

Check or Money Order Number: _____

Amount enclosed: _____

Card Number

Exp. Date

Signature

Please send form and fee to:

VLA 1 East 53rd Street, Sixth Floor, NY, NY 10022 Phone: 212-319-ARTS (2787) Fax: 212-752-6575