



ACVO PRODUCT ORDER FORM

CONTACT INFORMATION

ACVO Diplomate Name: _____ Company: _____

Full Shipping Address: _____

Phone: _____ Email: _____

BROCHURES

Native files now available at www.ACVO.org at no cost to Active Diplomates!

CDs/DVDs FOR PURCHASE

# _____ Cataract, You and Your Pet	\$25 each (includes shipping)
# _____ 1970-2005 Proceedings DVD	\$50 each (Active Diplomates and Residents only , includes shipping)
# _____ 1970-2005 Proceedings DVD	\$70 each (non-members and universities , shipping included)
# _____ 2012 Proceedings CD	\$35 each US orders only (includes shipping)
# _____ 2012 Proceedings digital copy	\$45 each International orders (provided via email)
# _____ 2011 Proceedings CD	\$35 each US orders only (includes shipping)
# _____ 2011 Proceedings digital copy	\$45 each International orders (provided via email)
# _____ 2010 Proceedings CD	\$35 each US orders only (includes shipping)
# _____ 2010 Proceedings digital copy	\$45 each International orders (provided via email)
# _____ 2009 Proceedings CD	\$35 each US orders only (includes shipping)
# _____ 2009 Proceedings digital copy	\$45 each International orders (provided via email)

PROCEEDINGS BOOKS

# _____ 2012	\$35 each	<u>University orders</u>	\$10 each	
# _____ 2011	\$35 each		\$10 each	
# _____ 2010	\$35 each		\$10 each	(all prices include shipping)
# _____ 2008	\$35 each		\$10 each	
# _____ 2006	\$35 each		\$10 each	
# _____ 2005	\$35 each		\$10 each	
# _____ 2002	\$35 each		\$10 each	
# _____ 2001	\$35 each		\$10 each	
# _____ 2000	\$35 each		\$10 each	

POSTERS FOR PURCHASE

_____ Canine eye anatomy posters @ \$30 each. Shipping included.

TOTAL FEES

\$ _____ Total CDs/DVDs
 \$ _____ Total Proceedings books
 \$ _____ Total posters

Total due: _____

PAYMENT INFORMATION

Check: If paying by check please make check payable to 'ACVO' and mail along with form to, ACVO, PO Box 1311, Meridian, ID 83680.

Credit: If paying by credit, you may complete this form and fax to (208) 466-7693.

Type of Card (please check one): Visa MC DISC Amount to charge: \$ _____

Name on card: _____ Signature: _____

Postal code filed with credit company: _____ (required for credit payments)

Credit Card #: _____ Exp. Date: _____

Please allow 10 business days for delivery.