

Fall – 2000

Order Form

Date:

Profile:

Title Name (Last/First/Middle)

Phone: (Area) (Number) * E-Mail Address

Shipping To:

Address City

State/Prov. Country Post Code

Order Details:

Item Quantity

Shipping Type * Total

Payment Type

* Required information. The reason is that *FedEx* requires phone number.

*If payment type is **Check**, please send **Check** to:*

W. Wertlecki, M.D.

Genfir1 – TAI

1775 Old Shell Rd.

Mobile, Alabama

USA 36604
