

# Publication Order Form

International Bottled Water Association  
 1700 Diagonal Road, Suite 650  
 Alexandria, VA 22314

## Ship To

Name	
Company	
Street Address	
City/State/Zip	
Province/Country	
Phone	
Fax	

--

QTY	Publication(s)	UNIT PRICE	TOTAL

Email Address _____			SUBTOTAL
			Postage & Handling \$7.00
			TOTAL

## Method of Payment

Check Enclosed     
 Visa     
 Mastercard     
 American Express     
 Discover

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_