APIC Product Order Form

APIC
Association for Professionals in Infection Control and Epidemiology

Product Code	Quantity	Product Name	Member Price	Non-member Price	Total

Standard Shipping and Handling			
	US	Canada	International
$2,001			

US & CANADA now ship by weight.
For more information and for International shipping:
Contact APIC for rate quote:
products@apic.org

TOTAL ORDER AMOUNT	
DISCOUNT/ PROMO CODE (if applicable)	
SHIPPING AND HANDLING	
SALES TAX* (MA 6.25%, MD 6%, DC 6%, VA 5%)	
TOTAL AMOUNT DUE	

SHIPPING AND HANDLING CHARGES

Shipping and handling charges apply to all products. Purchasers must add applicable shipping and handling charges to the total order amount to calculate the total amount due.

Please allow approximately 7-14 business days for delivery.

RUSH SHIPPING
Contact APIC Distribution Center for a quote.

***SALES TAX**
All purchases with a MA, MD, VA, or DC ship-to location must pay sales tax on their orders.

SEND COMPLETED FORM & PAYMENT TO:

APIC Distribution Center
P.O. Box 291
Annapolis Junction, MD 20701
USA

Tel (240) 646-7032
Fax (240) 396-5968

For International Orders: Orders that are shipped to countries outside of the United States may be subject to import taxes, customs duties and fees levied by the destination country. The recipient of an international shipment may be subject to such import taxes, customs duties and fees, which are levied once a shipment reaches your country. Additional charges for customs clearance must be borne by the recipient; we have no control over these charges and cannot predict what they may be.

Customs policies vary widely from country to country. Contact your local customs office for further information.

PLACE YOUR ORDER ONLINE!
Visit **www.apic.org/store**

Bulk discounts are available.
Visit **www.apic.org/store** to learn more.

All prices subject to change without notice.

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PAYMENT METHOD

☐ VISA ☐ MasterCard ☐ AmEx ☐ CHECK**

** Please make payable to APIC. Checks must be in US funds Check # _____

Credit Card # _____

Name on Card _____ Exp. Date _____

Signature of Authorized Purchaser _____

☐ APIC Member ID# _____ ☐ Not an APIC Member

Note: Please provide your Member ID # to receive member prices

BILLING ADDRESS ☐ Check if shipping address is the same as billing address

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ FAX: _____

Email: _____

SHIPPING ADDRESS (We cannot deliver to P.O. boxes.)

This address is: ☐ Business ☐ Residence

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____