SSCI Product Order Form

Bill to:

_____

_____

_____

_____

Ship to:

_____

_____

_____

_____

Payment Type (check one)

Visa ☐

Mastercard ☐

American Express ☐

Other, please specify

_____

Card #

_____

3 digit verification number (back of card) _____

Quantity	Item #	Description	Unit Count	Unit Price	Line Total
				Subtotal	
				Sales Tax	

Order Date: _____

Please mail your check and this order form to:
Joan G. Kemp, Executive Director
University of Alabama at Birmingham Comprehensive Cancer Center
1824 Sixth Avenue South
Birmingham, AL 35294-3300
Or you may email your order to: joankemp@uab.edu

Make all checks payable to Southern Society for Clinical Investigation

Thank you for your business!