



SSCI Product Order Form

Bill to:

Ship to:

Payment Type (check one) Other, please specify

Visa _____
 Mastercard _____
 American Express _____

Card # _____

3 digit verification # (back of card)
 or 4 digit verification # (AM Ex front of card) _____

Quantity	Item #	Description	Unit Count	Unit Price	Line Total
				Total	

Order Date: _____

Please mail your check and this order form to:

Joan G. Kemp, Executive Director
 Southern Society for Clinical Investigation
 6359 Tribute Lane
 Dora, AL 35062
 Or you may email your order to: jkemp5@tulane.edu

Make all checks payable to Southern Society for Clinical Investigation
Thank you for your business!