

SUBSCRIPTION FORM

BILLING INFORMATION

NAME

BILLING ADDRESS

CITY

STATE/REGION ZIP/POSTAL CODE

U.S.

___ \$30 (1 year)

___ \$40 (2 year)

___ \$52 (3 year)

INTERNATIONAL

___ \$40 (1 year, Canada)

___ \$50 (1 year, Surface Mail)

___ \$100 (1 year, Air Mail)

RECIPIENT INFORMATION Mail to Billing Address

NAME

MAILING ADDRESS

CITY

STATE/REGION ZIP/POSTAL CODE

PAYMENT (in U.S. funds) Check Visa MC DISC

CARD NUMBER

EXPIRATION CVW CODE

PHONE NUMBER

SIGNATURE

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