



WARRANTY CHAIN MANAGEMENT CONFERENCE PROCEEDINGS ORDER FORM

Fax to: (+1) 408-493-5173

Mail to: ALG Associates

12155 Mount Hamilton Road, Mount Hamilton, CA 95140. USA

WCM 2005 (CD):	QUANTITY REQUIRED:	<input type="checkbox"/>
WCM 2006 (CD):	QUANTITY REQUIRED:	<input type="checkbox"/>
WCM 2007 (CD):	QUANTITY REQUIRED:	<input type="checkbox"/>
WCM 2008 (CD):	QUANTITY REQUIRED:	<input type="checkbox"/>
WCM 2009 (CD):	QUANTITY REQUIRED:	<input type="checkbox"/>
WCM 2010 (CD): (Available March 2010)	QUANTITY REQUIRED:	<input type="checkbox"/>

\$150 each
(plus local taxes, where
applicable, and S&H)

NAME: **Mr./Mrs./Ms.** _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ COUNTRY: _____

PHONE: _____ E-MAIL: _____

Payment Information:

Please bill my company. Purchase Order No: _____

Please bill my VISA MasterCard AMEX

CARD NO: _____

EXP. DATE: _____ CARD VERIFICATION NUMBER *: _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS IF DIFFERENT TO ABOVE: _____

* CARD VERIFICATION NUMBER – additional 3 digits printed on back of Visa and Mastercard or 4 digits printed on front of American Express cards.

Refund Policy:

Due to the nature of this product, no refunds will be issued once the product has been shipped. Damaged products will be exchanged upon their return.

I have read, understand and hereby agree to the terms of this sale.

NAME: _____

SIGNATURE: _____ DATE: _____