

Tennessee Pharmacists Association

Order Form

2005 USP Pharmacists' Pharmacopeia

Name _____

Business _____

Shipping Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Membership Status	Price	Quantity	Extension
TPA member	\$170	_____	\$ _____
TPA nonmember	\$200	_____	\$ _____
Student	\$160	_____	\$ _____
SUBTOTAL			\$ _____
Sales Tax (9.25%)			\$ _____
Shipping/Handling (\$12 per book in the U.S.)			\$ _____
TOTAL			\$ _____

Payment Method:

Check: Mail a check payable to **TPA** to the address below.

Credit Card: Mail or fax the following credit card authorization:

Visa Master Card American Express

Credit Card Number: _____

Expiration Date: _____ Authorized Charge Amount: \$ _____

Card Holder Name (please print): _____

Signature: _____

**DEADLINE FOR
SUBMISSION OF ORDERS:
SEPTEMBER 16, 2005**

Mailing Address
Tennessee Pharmacists Association
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Nashville, TN 37219

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Fax: 615-255-3528
E-mail: tpa@tnpharm.org
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