NAME:

Or mail to:

PUBLICATION ORDER FORMFor a list of publications, visit www.mwcog.org/publications/publications.asp

COMPANY:				
TELEPHONE:	FAX:	EMAIL:		
STREET ADDRESS:				
CITY:	STATE:	POSTAL	CODE:	
Note: Shipping and handling will be calculated by COG and charged to your credit card when the order is shipped. USA - All publications are mailed 1st class for a total shipping fee of \$5.00 for up to three publications; orders greater than three items will be assessed an additional \$5.00 charge for every three publications.				
PUBLICATION TITLE		PRI	CE QUANTITY	TOTAL COST
SUBTOTAL				
	SHIPPIN	G & HANDLING (S	ee above for pricing)	
			TOTAL	
PAYMENT Full payment must accompany all o Metropolitan Washington Counc			t card or check made	payable to the
VISA MASTERCA	ARD			
Credit Card Number:				
Tame of Cardholder: Signature:				
Fax order form with credit card inf	ormation OR check	to: 202-962-3201		

Metropolitan Washington Council of Governments Attn: Publication Orders 777 North Capitol Street, NE, Suite 300 Washington, D.C. 20002

