

Subscription Form *(please print)*

Name: _____

Company: _____

Address: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Please complete all data fields.

One-Year Subscription (for non-members)

United States

\$200

International (including Canada)

\$300

Method of Payment

Check enclosed (U.S.) \$ _____ payable to Printing Industries of America.

Please charge* \$ _____ to MasterCard VISA AMEX

Name of Cardholder *(print)* _____

Card No. _____ Exp. Date _____

Signature** : _____

** I agree to pay total amount according to card issuer agreement.*

*** We cannot accept credit card subscriptions without the cardholder's signature.*

