NATIONAL GUILD FOR COMMUNITY ARTS EDUCATION

PUBLICATIONS ORDER FORM

Name_____

Position_____

Company/Organization_____

Mailing Address_____

City_____ State_____ Zip _____

Billing Address (if different than above) _____

_____

Phone Number ( )_____ FAX ( )_____

Your E-Mail_____

Organization's Website_____

Guild Member? Y N First Time Ordering? Y N Date of Order____/_____/_____

Comments_____

Title	Quantity	Total $
	TOTAL	**$**

Method of Payment (circle one):

Check Enclosed (Made payable to National Guild)

Charge my credit card: Visa MasterCard Discover AmEx

Cardholder Name (Print)_____

Account #_____Security Code _____

Exp. Date:_____ Signature:_____

-**MAIL** your order to the National Guild, 520 Eighth Avenue, Suite 302, New York, NY 10018
-**PHONE** your order to (212) 268-3337 ext. 16 or **FAX** to (212) 268-3995
-**E-MAIL** your order to: ShinaYoon@nationalguild.org