ITI Online Store Order Form

Illinois Teen Institute

Date:____/____/_____

Billing Address		Shipping Address	
	Name _____ Street Address _____ _____ City, ST, Zip _____ _____ Phone _____ Email _____		Name _____ Street Address _____ _____ City, ST, Zip _____ _____ Phone _____ Email _____

Item #	Qty	Description	Unit Price	Line Total
			Shipping & Handling	$6.95
			Total	

Payment Information (Check One)

_____ Check enclosed (payable to IADDA) _____ Bill my Credit Card (complete information below)

Circle one: Visa MC

Cardholder's Name: _____

Expiration Date: _____/_____ Card #: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Signature: _____ Date: _____/_____/_____

Mail with payment to: IADDA, 937 S. Second Street, Springfield, IL 62704
You may order by fax if using a credit card: 217.528.7340
Direct questions to Pel Thomas at 217.528.7335 ext. 10, or iadda@iadda.org.