Parenteral Drug Association

Document Order Form

Use this form to order PDA Technical Resources. All orders must include payment including shipping and handling charges.

MAIL: PDA, P.O. Box 79465, Baltimore, MD 21279-0465 USA FAX CREDIT CARD PAYMENT INFORMATION: +1 (301) 986-1361 ORDER ONLINE: www.pda.org/bookstore

EXPRESS/OVERNIGHT DELIVERIES: PDA/Suntrust Bank, Lockbox 79465, 1000 Stewart Avenue, Glen Burnie, MD 21061 USA ADDITIONAL ASSISTANCE: Tel: +1 (301) 656-5900 E-MAIL: info@pda.org

2019 PUBS	ORDER ONLINE: www.pda.org/bookstore	Prices are subject to change at any time.			
1 Chinning A	ddrooo	PDA Member Number (for PDA	memher cu	stomers only).	
Department	Dr. Name (First, MI, Last)	Company			
Mailing address		Сопрапу			
City		State/Province	71D	+4/Postal Code	
Country		Email			
Phone		Fax			
THORE		Tux			
2. Items Ordered					
Item No.	Title		Qty	Price	Total
Shipping & Handling Rates: U.S. orders are shipped via UPS Ground. Second-day and next-day air service is available. Call or e-mail for prices. Prices are subject to change at any time. All fees in US\$. Orders from Canada and outside North America U.S., Puerto Rico				Subtotal	
			Shipping & Handling		
If your order tota	als: Add: If your	r order totals: Add:		6% Tax	
		.00 and under \$12.95 .01-250.00 \$14.95	(MD	residents only)	
All orders below \$200.00 will be shipped by \$250.01-500.00 \$500.01-800.00 \$500.01				TOTAL	
		.01 – 800.00 \$18.95 .01 or more \$25.00			PDA Federal Tax I.D.
					#52-1906152
3. Consent					
PDA and its affiliated chapters do not rent or sell its mailing lists and will not share your information with anyone without your consent as outlined in					
our Privacy Policy, which can be found at pda.org/privacy-policy . Are you a new customer? If new, please provide your consent below:					
Yes No I do / I do NOT consent to receive periodic promotional e-mails from PDA and my local PDA Chapter					
	(where applicable).				
4. Payment Options Please check one. Credit cards are charged in US\$					
By Credit Card (American Express, MasterCard, Discover, VISA) clearly indicating account number and expiration date and billing address.					
Please bill my	American Express	☐ VISA ☐ Discover			
TOTAL AMOUNT:					
Account Number		Exp. Date			
	it appears on card)	Signature			
Billing address					
City	State	ZIP			
Country					
PDA Account No.	Payments SunTrust Bank, 25 Park Place, Atlanta, 209364254 Routing number: ABA# 06100010- bank charges. Please contact PDA at 301-656-59	4 Swift number: SNTRUS3A	invoice or	price quote.	

☐ By Bankers' Draft Check forwarded together with the document order form payable to: PDA, P.O. Box 79465, Baltimore, MD 21279-0465 USA OVERNIGHT DELIVERIES: PDA, c/o Suntrust Bank, Lockbox 79465, 1000 Stewart Avenue, Glen Burnie, MD 21061 USA