



Federal Wage and Hour for Private Providers: ANCOR Edition Order Form

Name: _____

Title: _____

Agency Name: _____

ANCOR Member (circle one): Yes No (Membership will be verified before fulfillment)

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ Email: _____

	Qty.	
Federal Wage and Hour for Private Providers: ANCOR Edition	_____ @ \$275 (member price)	\$ _____
	_____ @ \$295 (non-member price)	\$ _____

Subtotal: \$ _____

Shipping*: \$ _____

*Shipping calculated at UPS ground rates based upon zip code. Call for exact shipping amount or for expedited service.

TOTAL: \$ _____

Credit Card Number: _____ Exp. Date: _____ Security Code _____

Name on Card: _____ Signature of Cardholder: _____

Billing Address: _____

Shipping Address (circle one): Same as Billing Address Same as Street Address Above

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