

Names and Addresses for delivery of requested additional journals (\$10 each)

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Scan this form and send to info@ailacte.org, or postal mail:

AILACTE
9001 Mount Zion Rd.
Linville, VA 22834

Payment:

Checks (preferred) can be made out to AILACTE and sent to the address above or to pay by credit card:

Credit Card Type Visa <input type="checkbox"/> MC <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/>		Amount charged to card \$ 300
Card Number		
Expiration Date	Security Code	
Name		
Billing Zip Code		

For questions, contact Alyssa Haarer at info@ailacte.org or
540-810-0248

Thank you for your payment!