



2020 Paper Package

AAFCO Official Publication (OP) Order Form

Use this order form to purchase single or multiple subscriptions to the Official Publication *Paper Package*, which includes a paper copy of the Official Publication. If paying with credit card, you can order and pay through our website www.aafco.org.

- If credit card information is submitted without a signature, the order will not be processed.
- Order payments will be processed immediately upon receipt of the order form.
- AAFCO's new Online Database of Ingredients (ODI) is NOT available to subscribers of the 2020 Paper Package. For access to ODI, please subscribe to either the Online Package or the Combo Package. ODI is included in your 2020 subscription at no additional charge.

1. COST OF PUBLICATION: (NOTE: Prices for each order includes shipping by U.S. Priority Mail)

"Members of AAFCO are the state and federal regulatory control officials, those charged by law with enforcement of feed laws." To obtain member pricing, your organization must be a Member in good standing including paying the annual dues. As such, industry and consumer representatives cannot be a Member of AAFCO, but their input is very welcome.

****MEMBER ORDERS ****

| | | | |
|---|---|------------------|---|
| Members (State/Federal Control Officials) - Perfect Bound [all copies] | Quantity: <input style="width: 100%;" type="text"/> | @ \$70.00 each = | <input style="width: 100%;" type="text"/> |
| Members (State/Federal Control Officials) - Spiral Bound [all copies] | Quantity: <input style="width: 100%;" type="text"/> | @ \$70.00 each = | <input style="width: 100%;" type="text"/> |
| Grand Total | | | <input style="width: 100%;" type="text"/> |
| (State of Illinois Residents add 9.% Sales tax to total): | | | |

****NON-MEMBER ORDERS ****

| | | | |
|---|---|-------------------|---|
| Industry/Other – Perfect Bound [1-19 copies] | Quantity: <input style="width: 100%;" type="text"/> | @ \$120.00 each = | <input style="width: 100%;" type="text"/> |
| Industry/Other – Perfect Bound [20+ copies] | Quantity: <input style="width: 100%;" type="text"/> | @ \$110.00 each = | <input style="width: 100%;" type="text"/> |
| Industry/Other – Spiral Bound [1-19 copies] | Quantity: <input style="width: 100%;" type="text"/> | @ \$120.00 each = | <input style="width: 100%;" type="text"/> |
| Industry/Other – Spiral Bound [20+ copies] | Quantity: <input style="width: 100%;" type="text"/> | @ \$110.00 each = | <input style="width: 100%;" type="text"/> |
| Foreign – Perfect Bound [all copies] | Quantity: <input style="width: 100%;" type="text"/> | @ \$135.00 each = | <input style="width: 100%;" type="text"/> |
| Foreign – Spiral Bound - [all copies] | Quantity: <input style="width: 100%;" type="text"/> | @ \$135.00 each = | <input style="width: 100%;" type="text"/> |
| Grand Total | | | <input style="width: 100%;" type="text"/> |
| (State of Illinois Residents add 9.% Sales tax to total): | | | |

The use of the word "foreign" on this form indicates any address outside of the continental United States and Canada.



AAFCO Official Publication (OP) Order Form

For faster shipment

- Telephone number and Billing Zip Code must be included for all FedEx and UPS shipments
- Telephone number and Billing Zip Code must be the numbers associated with the shipping address
- FedEx and UPS shipments must have a street address. We cannot ship FedEx or UPS to a P.O. Box

FedEx Account Number: Telephone:

UPS Account Number: Telephone:

Shipping Speed: Ground Express Saver/3 day 2nd Day Overnight Billing Zip Code

2. SHIPPING INFORMATION:

Name: Organization:

Shipping Address:

City: State: Zip Code:

Province: Country: Postal Code:

Telephone: Fax:

Email Address:

3. PAYMENT INSTRUCTIONS:

- If paying by check or bank draft, make the check or bank draft (U.S. funds only) payable to AAFCO (FEI# 55-6020312)
- Fill out section 5 below (Credit Card Payments) if paying by credit card.
- NO electronic transfers or purchase orders are accepted by AAFCO. All purchases are cash basis.
- Print out all sheets (with credit card payment section fully completed if applicable) and fax or mail with payment to:

AAFCO
1800 South Oak St., Suite 100
Champaign, IL 61820
Phone: (217) 356-4221
Fax: (217) 398-4119

****Please remember to send all necessary pages along with payment****

4. METHOD OF PAYMENT:

Check Visa Master Card Discover American Express

5. CREDIT CARD PAYMENT INFORMATION:

Name: Organization:

Statement Address:

City: State: Zip Code:

Province: Country: Postal Code:

Credit Card Number: Expiration Date:

Signature: _____

Credit card orders submitted without a signature will NOT be processed.