

**PRODUCTS ORDER FORM**

Please PRINT or TYPE.

Order form may be photocopied as necessary.

**SHIPPING INFORMATION**

Name \_\_\_\_\_

Company/Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Number of attorneys in your firm \_\_\_\_\_ What is your primary area of practice? \_\_\_\_\_

**PUBLICATIONS**

Code Number	Publication Name	Quantity	Cost Per Unit*		Total
			Member	Non-Member	
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

If you have a special promotion/discount\*\* code, enter it here \_\_\_\_\_

\* You must be a DRI Member to take advantage of the member discount.  
 \*\* Only one special promotion/discount code can be used per order; void where prohibited by law; prices subject to change  
 \*\*\* Overnight shipping available; rates vary according to location.  
 \*\*\*\* Applicable shipping charges will be added to each order.

	\$
Subtotal	\$
Illinois residents, please add 10.25% sales tax	\$
Overnight shipping charge***	\$
Shipping charges****	\$
<b>GRAND TOTAL</b>	\$

**PAYMENT METHOD**

A check for \$ \_\_\_\_\_ (U.S. funds only) is enclosed *(Please make all checks payable to DRI)*

Charge to:   American Express   MasterCard   Visa

Card Number

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_  
*as it appears on card*

Total Authorized Charge \$ \_\_\_\_\_

Please complete this form and return to:  
 DRI—The Voice of the Defense Bar  
 72225 Eagle Way  
 Chicago, IL 60678-7252  
 800.667.8108 / Fax: 312.795.0749  
 Attn: Accounting Department