

Poster Order Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number () _____ - _____

Email address: _____

Posters are \$50.00 each.

_____ Shipping: **\$9.95** charge per poster for shipping.

_____ Number of posters ordered (limit 4) x \$50.00 each.

_____ Total amount enclosed.

Please mail this form along with a check or money order to

**WSIKF Poster
PO Box 387
Long Beach, WA 98631**