



## PAYMENT FORM FOR AAVLD DIAGNOSTIC PATHOLOGY SLIDE SEMINAR

### AAVLD Pathology Slide Set

Histopathology slide sets are \$50.00 each year. Shipping internationally will require prior authorization. Shipping cost due prior to shipping. The shipping may be an estimated cost and subject to change when actual shipping is sent. AAVLD may assist in obtaining shipping cost for you. Please make sure to fill out all the necessary information below. Incomplete information may delay your shipping package.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Country: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Slide sets: Out ~~2015~~ Slide sets: \_\_\_\_ 2016

Shipping each slide national cost: \$ 10.00 shipping/handling within the US. International shipping information may vary. Shipping is subject to change: You may choose to give AAVLD your UPS/FEDX account number

What is the name of your currency? \_\_\_\_\_

Payment Type: \_\_\_\_\_ cash \_\_\_\_\_ check\* \_\_\_\_\_ credit card

\*Checks payable to AAVLD; notation in Memo field to Pathology Committee slide sets.

Credit Card: \_\_\_\_\_ VISA \_\_\_\_\_ MC

Credit Card #: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_ CSC Code: \_\_\_\_\_

**Signature:** \_\_\_\_\_

With this signature you are accepting all charges specified on this payment request form.

**Note: Please make checks payable to AAVLD**

**Send payment to:** P O Box 6396, Visalia, CA. 93290 **or Phone:** 559-781-8900 **Fax:** 559-781-8989.

You can also email in your form to: [secretary-treasurer@aavld.org](mailto:secretary-treasurer@aavld.org)

*Thank you for your participation with AAVLD.*