

2005 SAVIAC Wall Calendar Ad Submission & Order Form

Please fill out this form and return it by post, fax, or electronic copy to:

Lauren Yancey
SAVIAC/HI-TEST Labs
2421 26th Road South
Arlington, VA 22206
509.351.9733 fax
lauren.yancey@saviac.org

Company Name _____

Point of Contact _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Phone _____ Ext _____ Fax _____

Month _____ **Ad and logo will be submitted by (please circle one)**

1st Choice: _____

• CD-ROM

2nd Choice: _____

3rd Choice: _____

• FTP (contact Lauren below for instructions)

Payment Info

_____ Check _____ Visa _____ Mastercard _____ American Express

Credit Card Number _____ Exp Date _____

Billing Address _____

City _____ State _____ Zip _____

Name on card (if different from above) _____

Signature _____

Thank you for your order! If you have any questions please contact Lauren Yancey at lauren.yancey@saviac.org.