

PARAOPTOMETRIC ORDER FORM

fax to: 314-991-4101

American Optometric Association

Paraoptometric Section Product Order Form

243 North Lindbergh Boulevard, Floor 1

St Louis, MO 63141-7881

Phone: 800-365-2219

Fax: (314) 991-4101



Bill To:

Date: _____

Name _____

Member Number _____

Company Name _____

Phone Number _____

Street Address _____

Fax Number _____

Street Address 2 _____

City, State, Zip _____

Email Address _____

Qty		Title of article		Total
Total				

Credit Card Purchases

_____ American Express

_____ Visa

_____ MC

Card Holder Name: _____

Credit Card Number: _____

Exp. Date: _____

Authorized Signature: _____

Make all checks payable to AOA Paraoptometric Section.

FAX THIS FORM TO (314) 991-4101 OR MAIL WITH YOUR PAYMENT TO THE ADDRESS BELOW.

An email confirmation of your order will be sent to you.