



Order Form

I wish to buy the following catalogues

Catalogue: _____
Cost: \$ _____ *Note: \$2.00 will be added for shipping & handling
Quantity: _____
Total: \$ _____

Name: _____

Address: _____

Phone: _____ Email: _____

I will be paying by: (circle one) Check Credit Card

Charge my: (circle one) Visa Mastercard American Express

Name on Credit Card: _____

Card Number: _____

Exp. Date: _____

Signature

Date

Please fax or mail back this form to us.

Fax:: 305-348-2762

Mail: Florida International University

Frost Art Museum

University Park PC 112

11200 SW 8th Street, Miami, FL 33199