



**Billing/Contact Information:**

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

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**IACA iPod  
Fully-Loaded with  
2008 Conference Presentations**

Qty \_\_\_\_\_ x \$1,495 = \_\_\_\_\_

Total = \_\_\_\_\_

**I authorize IACA to charge my credit card below for the total listed above plus ground shipping charges to be calculated at the time of shipment. (Initial) \_\_\_\_\_**

*Please circle one:*    Visa    MasterCard    Discover    AMEX

CC #: \_\_\_\_\_ Exp: \_\_\_\_\_ 3 or 4 Digit Code: \_\_\_\_\_  
*(Located on your credit card)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Shipping Address: (If different from Billing Address)**

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

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**To order, please fill out the form above and send to IACA:**

**Web:**  
www.theIACA.com

**Fax:**  
702.233.9200

**Mail:**  
1401 Hillshire Drive Ste 200  
Las Vegas, NV 89134

**Phone:**  
1.866.NOW.IACA  
(669.4222)