## Order Form for ARRB Medical Depositions and Exhibits

(All items will be mailed First Class, unless in-person pickup is specified.)

| Item \# (see attached ordering guide <br> for details); place an "X" here if you <br> wish to order this item. | Cost of Printing (at 5 cents per page) <br> per copy; circle the cost if you are <br> ordering this item. | Mailing Charges (\$3.00 for first <br> deposition; \$ 1.00 for each deposition <br> thereafter). Item \# 13 is quite heavy <br> and entails special postage costs--see <br> below. Using these rules, fill in <br> the cost of postage for each item <br> ordered in the blocks below. |
| :--- | :--- | :--- |
| 1 | $\$ 11.30$ |  |
| 2 | $\$ 10.25$ |  |
| 3 | $\$ 13.85$ |  |
| 4 | $\$ 12.70$ |  |
| 5 | $\$ 11.15$ |  |
| 6 | $\$ 11.20$ |  |
| 7 | $\$ 6.90$ |  |
| 8 | $\$ 4.25$ | $\$ 8.50$ |
| 9 | $\$ 9.25$ |  |
| 10 | $\$ 3.30$ | $\$ 15.00 \quad$ (circle if ordered) |
| 11 | $\$ 12.35$ |  |
| 12 | $\$ 95.80$ |  |
| 13 |  |  |
| SUBTOTALS |  |  |

Subtotal for printing costs: $\qquad$
Subtotal for postage costs: $\qquad$
GRAND TOTAL: $\qquad$
We will accept orders via mail by check only; no credit card orders. We will accept cash payment only in person. Orders will be shipped within 5 working days of receipt of payment. We cannot accept any orders received after August 14th.

Name: $\qquad$
Street or P.O. Box: $\qquad$
City and State: $\qquad$
Zip Code: $\qquad$

Telephone Number:

