



Publication Order Form

IMPORTANT!!! Please read before filling out this form! Please be sure to include shipping & handling charges in your final total (Shipping and handling charges are a charged on a per item basis and should be multiplied by the quantity ordered.) NO SALES TAX is charged for out-of state orders. Include your phone number in case there are any questions regarding your order. **All orders can be emailed to Christine at cgores@fortworthchamber.com or faxed to 817-877-4034.** All sales final. No refunds. Thank you!

Publication	Member Price	Non-Member Price	S & H	Qty	Amount
Book of Lists	45.00	95.00	8.50		
Major Employers Directory					
- printable version (PDF)	15.00	30.00	N/A		
- database version (Excel)	15.00	30.00	N/A		
- Combo - printable & database	25.00	50.00	N/A		
Media Directory					
- printable version (PDF)	30.00	50.00	N/A		
- database version (Excel)	30.00	50.00	N/A		
- Combo - printable & database	50.00	80.00	N/A		
Hard Cover Book "Fort Worth: Energized for the Future"	25.00	25.00	8.50		
Fort Worth Relocation Magazine	FREE (Qty. 1 or 2)	2.00	N/A		
Fort Worth Relocation Magazine Bulk Order (Minimum Order Qty. 50)	1.00	1.00	11.00		
DFW Regional Map	2.00	3.00	N/A		
DFW Regional Map Bulk Order (Minimum Order Qty. 40)	1.00	2.00	11.00		
Relocation Packet	2.00	4.00	6.50		
Relocation Packet Bulk Order (Minimum Order Qty. 25) *Must arrange pick-up or provide shipping provider info below	1.50	4.00	****		
Area Council Labels * (non-taxable)	75.00	N/A	N/A		
Designate which Area Council set to purchase >>> North, South, East, West or Central					
Membership Mailing Labels * (non-taxable)	300.00	N/A	N/A		

***CHAMBER MEMBERS ONLY**

	Amount
Sales Tax	8.25%
Non-Tax Amt	
Shipping & Handling	
Total Due	

Customer Contact/Shipping Info:	
Name:	
Company:	
Mailing Address:	
City, State, Zip:	
Email Address:	
Telephone Number:	
Shipping Provider:	

Other Info/Notes:

Payment Info:	
Date:	
Sold by:	
Tax ID:	
Cash:	
Check No.:	
Type of Card: (Check One)	<input type="checkbox"/> Amex <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Disc
Card number:	
Expiration date:	
Name on Card:	
CVV No:	
Billing Address:	

Submit By Mail:
Fort Worth Chamber of Commerce Attn: Publications 777 Taylor Street, Suite 900 Fort Worth, TX 76102

OFFICE USE ONLY	
Invoice #:	
Date Mailed:	