

Catalog Order Form – Print

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Title	Domestic Order	International Order
Allergic Bronchopulmonary Aspergillosis -	<input type="checkbox"/> \$57.50 (U.S.A)	<input type="checkbox"/> \$75.50 (Outside the U.S.A.)
Columbus and the New World: Medical Implications -	<input type="checkbox"/> \$49.50 (U.S.A)	<input type="checkbox"/> \$79.50 (Outside the U.S.A.)
Drug Allergy and Protocols for Management of Drug Allergies -	<input type="checkbox"/> \$53.50 (U.S.A)	<input type="checkbox"/> \$69.75 (Outside the U.S.A.)
Idiopathic Anaphylaxis -	<input type="checkbox"/> \$56.00 (U.S.A)	<input type="checkbox"/> \$86.00 (Outside the U.S.A.)
Nasal Polyps: Epidemiology, Pathogenesis and Treatment -	<input type="checkbox"/> \$98.00 (U.S.A)	<input type="checkbox"/> \$128.00 (Outside the U.S.A.)
Total of All Items Ordered:		

TO ORDER:

1. FILL OUT THIS FORM (photocopies are also accepted)
2. IF PAYING BY CREDIT CARD, SIMPLY FAX OR MAIL this form to the address or fax number below
3. IF PAYING BY CHECK OR MONEY ORDER, REMIT the total amount of all items ordered:

TOTAL AMOUNT INCLUDED \$ _____

4. MAIL TO: **OceanSide Publications, Inc.**
 95 PITMAN STREET
 PROVIDENCE, RHODE ISLAND 02906 U.S.A.
 Phone(401) 331-2510 Fax(401) 331-0223
 E-Mail: oceanside@oceansidepubl.com

Name: _____

Address: _____

Visa, MasterCard or American Express #: _____ Exp Date _____

(Your credit card will be charged the total amount of your order when the book is shipped. A credit card receipt will accompany the book.)

SIGNATURE: _____