

**“PRIMATE PORTRAITS” AMERICAN SOCIETY OF PRIMATOLOGISTS 2012
CALENDAR**

First Name: _____ Last Name: _____

Number of calendars (\$15/calendar): _____

Shipping within US (\$4.25 for 1 calendar + \$1 for each additional calendar): _____

Shipping outside US (\$7.00 for 1 calendar + \$3 for each additional calendar): _____

Payment total: _____

Shipping address: _____

Form of payment: Check _____ Credit Card (Visa, MasterCard, Discover): _____

Credit Card Information

Name as given on card: _____

Card number: _____ Security code: _____

Expiration date: ____/____/____ Signature or PIN: _____

Billing address: _____

Please send (via mail, FAX, or email) this order form and payment to:

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E-mail: Kimberley.phillips@trinity.edu