



For ASICO Use Only	
Customer Number:	
Order Number:	
Delivered On:	
Comments:	
Country	

PRE-AAO 2011 Order Form

First Name: _____
 Last Name _____
 Billing Address: _____

 Phone Number: _____
 Mobile Number _____
 (to reach you @ show): _____
 Fax Number: _____
 E-mail: _____

Order Items		
Item #	Item Description	Quantity

To take advantage of the AAO/ESCRS pricing please fill out and return **the front and back of this form** to us no later than the following for each show:
For ESCRS: Monday, September 12, 2011
For AAO: Friday, October 14, 2011

FAX: 1-630-986-0065 attn: Kelsey or E-MAIL: kelsey@asico.com

Please stop by and visit us at the ESCRS booth #B428 and
 AAO booth # 1705-1715

As much as possible, we will try to have all items you order available for you upon completion of this form.

Delivery Terms:

I'd like to receive my instruments (check one box):

- In person at (circle one) **AAO** **ESCRS**
- I authorize another person to pick-up my order. (Make sure you give a copy of the order to the authorized person. Send an additional copy to ASICO in advance)
- Deliver the order to the following address in the United States:
 - Company: _____
 - ATTN: _____
 - Addr 1: _____
 - Addr 2: _____
 - City, State, Zip: _____
 - Special Instructions: _____

Payment Terms:

- I will pre-pay with a cashier's check
- I will pay with a credit card:
 - Card Type (Circle One): Visa Mastercard AMEX Discover Diners
 - Card Number: _____
 - Name on Card: _____
 - Expiration Date: _____
 - Signature: _____ Date: _____

Authorization Terms (For Pick-Up):

I, Dr. _____ authorize Mr./Ms.: _____

to pick-up my order.

The following will be checked upon pick-up:

Proof of identity document type: _____

Document Number: _____

Pick-Up the instruments ordered above at ASICO AAO booth# 1705-1715.

Proof of signature to be signed at booth:

Print Name: _____

Signature: _____ Date: _____