



2007 Order Form CASSI on CD

YES! I want to enjoy the speed and convenience of CASSI on CD!

- Enclosed is my payment of **\$2,700** for the 1907-2006 CASSI CD-ROM single-user license including 2007 Updates (SVC 393).
- Enclosed is my payment of **\$575** for the 2007 CASSI renewal CD-ROM single-user license (SVC 393). I understand that because CASSI on CD is a cumulative product, I must be a current subscriber to CASSI on CD to be eligible for this renewal price.
- Enclosed is my payment of **\$1,700** for the 1907-2004 CASSI Cumulative in print.
- And enclosed is my payment of **\$350** for the 2005 CASSI updates in print.
- And enclosed is my payment of **\$350** for the 2006 CASSI updates in print.
- And enclosed is my payment of **\$350** for the 2007 CASSI updates in print.

Networking for multiple users or additional sites is available!

Please contact CAS Customer Care for information on networking prices.

Phone: 800-753-4227 (North America), 614-447-3700 (worldwide), fax: 614-447-3751, or send e-mail to help@cas.org

I have enclosed a check for \$_____.

Please make checks payable to Chemical Abstracts Service.

Mail to:

CAS Accounting

Dept. 9577

P.O. Box 3012

Columbus, Ohio 43210-0012

Please send me an invoice.

I wish to pay by credit card. Included below is my MasterCard, VISA, or American Express card account number:

MasterCard: _____

VISA: _____

American Express: _____

Expiration Date _____ Telephone _____
As it appears on the card (please print)

Start Date

Name _____

Signature _____ Date _____

For additional information, contact CAS Customer Care at **800-753-4227** (North America), **614-447-3700** (worldwide), fax **614-447-3751**, or send e-mail to help@cas.org.

Billing Address:

Name: _____

Title: _____

Organization: _____

Address: _____

(Please Note: Street address must be provided for delivery of CD-ROM products)

City: _____

State: _____ Zip Code: _____

Country: _____

Business Phone: _____

Fax: _____

E-mail: _____

Shipping Address (if different from above)

Name: _____

Title: _____

Organization: _____

Address: _____

(Please Note: Street address must be provided for delivery of CD-ROM products)

City: _____

State: _____ Zip Code: _____

Country: _____

Business Phone: _____

Fax: _____

E-mail: _____

If mailed outside the USA, this must be returned in an envelope.

