



**Subscription  
Order Form**  
(Nonmembers Only)

# Comparative Medicine

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Dept/Division \_\_\_\_\_

Company or School \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

**NOTE**

- Please type or print precisely as your mailing label should read (in English).
- If using P.O. Box, please give alternate street address.

**Please check one:**

- |               |                                |                                |
|---------------|--------------------------------|--------------------------------|
|               | Print                          | Print + online                 |
| Domestic      | <input type="checkbox"/> \$180 | <input type="checkbox"/> \$360 |
| Canada/Mexico | <input type="checkbox"/> \$195 | <input type="checkbox"/> \$375 |
| International | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$400 |

**Method of Payment**

- |                                      |                                     |   |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Check       | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover         |
| <input type="checkbox"/> Money order | <input type="checkbox"/> VISA       | <input type="checkbox"/> American Express |

- Payment using a check or money order from outside the USA must be issued on a USA bank.
- Payment must accompany subscription orders. A purchase order will be billed; however, the subscription will not be processed until payment is received.
- No discounts or refunds.
- Credit card orders can be faxed to 901-753-0046
- Make check or money order payable to AALAS and mail with this form to:

Subscription Department  
American Association for  
Laboratory Animal Science  
9190 Crestwyn Hills Drive  
Memphis, TN 38125 USA  
(901) 754-8620

Account Number—please include all digits  
\_\_\_\_\_

Month	Year
<input type="text"/>	<input type="text"/>

Expiration Date

Print exact name appearing on credit card  
\_\_\_\_\_

Signature \_\_\_\_\_

**Comparative Medicine Subscription Policy**

**Subscriptions**

Based on 12 months from receipt of order (6 issues per 12 months).  
Subscriptions are no longer based on calendar year.

**Claims**

- Missing issues will be replaced one time, as available, and only if the claim is made within one year of publication.
- Claims of missing issues should be made in English in writing and must include: (1) subscriber's name, subscription number, and complete mailing address; and (2) volume and issue numbers of the missing issue(s).

**Shipment**

- All issues are sent by second class mail.
- Shipments overseas are not guaranteed.
- Missing issues are sent via surface mail.

This form is invalid after December 31, 2010.

PLEASE DO NOT WRITE IN THIS SPACE. FOR OFFICE USE ONLY.