INTERNATIONAL NEUROPSYCHOLOGICAL SOCIETY

WEBSITE POSTING REQUEST FORM

Today's Date: _____

Purchasing Contact Information
Contact:
Company:
Address:
Phone:
Fax:
E-mail:

Postings Available (*please check one*)*****

☐ One month	$100.00 USD
☐ Two months	$200.00 USD
☐ Three months	$250.00 USD

Start Date: _____

*** Payment is required prior to posting date.** Please e-mail postings to ins@osu.edu Please do not e-mail credit card numbers! Completed forms can be faxed to 1-614-263-4366 or mailed to the INS office. If paying by check, please make check payable to *INS* (USD only) and mail to: INS, 700 Ackerman Road, Suite 625, Columbus, OH 43202-1559, USA.

Payment:

☐ Check enclosed. Check # _____

☐ VISA or MASTERCARD

Exp. Date

Cardholder's Name as on Card: _____

Signature of Cardholder: _____

Total Amount of Charge: _____

Signature and Title: _____

Date: _____

700 Ackerman Road, Suite 625 ♦ Columbus, OH ♦ 43202 ♦ U.S.A.♦
Ph: 614-263-4200 ♦ Fax: 614-263-4366