

## SEMs Order Form

*For orders by mail, fax or e-mail.*

ITEM	Price each	Quantity	Shipping	Sub-total
Solar eclipse viewing glasses:	_____	_____	_____	_____
Short sleeve Tee-shirt:	_____	_____	_____	_____
Long sleeve Tee-shirt:	_____	_____	_____	_____
<b>TOTAL</b>				_____

- All prices in US dollars.

**Special Instructions (shirt size, lettering, etc):**

**Shipping address**

First Name	Last Name
Street address	
City	State/Province
Zip/Postal Code	Country
Daytime Phone	Email address

**Payment Information**

Payment method	<input type="checkbox"/> money order (enclosed) <input type="checkbox"/> check (allow several days to clear)		
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Card number	Expiration Date		
Order Date			
Authorized Signature			

**Billing address (only for credit card orders)**

First Name	Last Name
Street address	
City	State/Province
Zip/Postal Code	Country
Daytime Phone	Email address

**Mail to**

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