



**EYE BANK  
ASSOCIATION  
of AMERICA**

## MEDICAL STANDARDS ORDER FORM

### MEDICAL STANDARDS

EBAA Member Price: \$30.00 each

Non-Member Price: \$150.00 each

**Shipping and handling (US): \$1.25 per manual**

**EBAA Member: # of Procedures Manual(s):** \_\_\_\_\_ x (\$30.00 + \$1.25) = \_\_\_\_\_

**Non-Member: # of Procedures Manual(s):** \_\_\_\_\_ x (\$150.00 + \$1.25) = \_\_\_\_\_

### SHIPPING ADDRESS

Name: \_\_\_\_\_

Eye Bank/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### PAYMENT INFORMATION

Check enclosed in U.S. CURRENCY

Charge My:  **Visa**       **MasterCard**       **American Express**       **Discover**

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amt. Charged: \_\_\_\_\_

Cardholder's Name (Print): \_\_\_\_\_

Card holder's Signature: \_\_\_\_\_

Cardholder's Billing Address: **(REQUIRED if different from shipping address)**

\_\_\_\_\_

\_\_\_\_\_

Return order with payment to:

EBAA  
1015 18<sup>th</sup> Street, NW, Suite 1010  
Washington, DC 20036  
Phone: 202-775-4999/ Fax: 202-429-6036