Order Form for PHI’s *Post-Polio Directory*

PHI’s *Post-Polio Directory* lists post-polio clinics, health professionals and support groups/persons with knowledge about the late effects of polio. The 32-page *Directory* is updated continually and published annually in March and offered online (www.post-polio.org/net/pdir.pdf).

Print this page, fill in the information and mail this form with your check (payable to “Post-Polio Health International,” USD), or enter your credit card information, and send it to Post-Polio Health International, 4207 Lindell Blvd., #110, Saint Louis, MO 63108-2930 or buy online at shop.post-polio.org.

*Questions?* Email info@post-polio.org or call 314-534-0475.

Please send me _____ copies of *Post-Polio Directory* for a total of $________

Your Name ____________________________________________________________

Affiliation ____________________________________________________________

Address _______________________________________________________________

City ___________________________ State/Province __________________________

Country ________________________ Zip/Postal Code _________________________

email __________________________________________________________________

Phone (with area/country code) ____________________ Fax (with area/country code) ____________________

☐ Please send:
   ☐ to person and address above   ☐ to the following person/address

   Name _______________________________________________________________

   Address _____________________________________________________________

   City ___________________________ State/Province _________________________

   Country ________________________ Zip/Postal Code _________________________

Payment Choice:

☐ I am enclosing a check for $__________ made payable to “Post-Polio Health International.” (USD only)

☐ Please charge $_______________ to this credit card: ☐ VISA ☐ MasterCard ☐ Discover

   Card No. _______________________________ Card Verification # (3 digits on back of card) ____________

   Exp. Date ___________________________ Name on Card _____________________________________________

   Signature ________________________________________________________________________________

Send this form to: Post-Polio Health International

4207 Lindell Blvd, #110

Saint Louis, MO 63108-2930 USA

314-534-0475, 314-534-5070 fax