

## **Guidelines for Specification Integrity Order Form**

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Company: \_\_\_\_\_

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- MasterCard       Visa       American Express  
 Discover       Check (Payable to IALD Education Trust)

Card Number \_\_\_\_\_

Print Name \_\_\_\_\_

Signature (as shown on credit card) \_\_\_\_\_

Expiration Date                      CCID                      Quantity                      Payment Amount (USD)

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**Address: Merchandise Mart, Suite 9-104, Chicago, IL 60654, USA**

**Phone: +1 312 527 3677**

**Fax: +1 312 527 3680**

**Email: [iald@iald.org](mailto:iald@iald.org)**