



**Reprint
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909-307-3101**

PO# _____ Date _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

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Article title _____

Quantity (Minimum reprint order 500) _____

Cost _____

4/C _____

E-print _____ URL where material will be posted _____

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Ship to

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Authorized Signature _____

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