## Brochure Order Form

<table>
<thead>
<tr>
<th>ADAA Brochure Rate</th>
<th>Quantity</th>
<th>Price per Item*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Anxiety Disorder Brochure – Published 2022</td>
<td>X .70 /1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression Brochure – Published 2022</td>
<td>X .70 /1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td><strong>$</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Shipping &amp; Handling</strong></td>
<td></td>
<td><strong>$</strong></td>
<td></td>
</tr>
<tr>
<td>1–100: $5.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>101–200: $7.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If interested in ordering <strong>200 or more brochures or if you reside outside the U.S., please contact us.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$</strong></td>
<td></td>
</tr>
</tbody>
</table>

- **ADAA Brochure Rate**
  - $.70 per brochure (ADAA members)
  - $1.00 per brochure (nonmembers)

- **Quantity**: Enter the number of brochures ordered.
- **Price per Item**: Multiply the quantity by the price per brochure.
- **Total**: Add the products of quantity and price per item for each brochure.

- **Shipping & Handling**:
  - 1–100: $5.00
  - 101–200: $7.50
  - If ordering 200 or more brochures or residing outside the U.S., contact ADAA.
Shipping and payment information on page 2
SHIP TO:

Name ________________________________________________
Address ________________________________________________
City ________________________________________________
State/Zip ________________________________________________
Phone ________________________________________________
E-mail ________________________________________________

METHOD OF PAYMENT

☐ Check #________ ($35.00 additional charge for returned checks)  ☐ VISA  ☐ MasterCard
Checks must be in USD and payable to ADAA (No Amex or Discover Card)

Credit card #_________________________ Expires _________ Security code _________
Name on card ________________________________________________
Signature ___________________________________________ Date _____________

RETURN THIS FORM
• E-mail membership@adaa.org
• Mail ADAA, 8701 Georgia Ave., Suite 412, Silver Spring, MD 20910 Attention: Book Order

Thank you for your order!