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PUBLICATION ORDER FORM

Billing Information

Name	
Library	
Street Address	
City, State ZIP	
Telephone	

Shipping Information (if different from billing)

Ship to Name	
Library	
Street Address	
City, State ZIP	
Telephone	

PUBLICATIONS

Item #	Description	Select Format		Qty.	Pricing*		Total
		Print	CD-ROM		OLC Mem.	Non-Mem.	
45-24	<i>Ballot Issues Handbook – Vol. I: Campaigns 101</i>	<input type="checkbox"/>	<input type="checkbox"/>		\$30	\$45	
45-24	<i>Ballot Issues Handbook – Vol. II: Campaigns 202</i> <small>[order includes copy of <i>Ballot Issues Handbook – Vol. I</i>]</small>	<input type="checkbox"/>	<input type="checkbox"/>		\$30	\$45	
45-15	<i>Friends Across Ohio</i>	<input type="checkbox"/>	<input type="checkbox"/>		\$15	\$30	
45-16	<i>Ohio Public Library Accounting Handbook</i>	<input type="checkbox"/>	<input type="checkbox"/>		\$30	\$45	
45-12	<i>Ohio Public Library Administrator's Handbook</i>	<input type="checkbox"/>	<input type="checkbox"/>		\$50	\$80	
45-10	<i>Ohio Public Library Trustees' Handbook</i>	<input type="checkbox"/>	<input type="checkbox"/>		\$20	\$30	
45-06	<i>Standards for Public Library Service in Ohio</i>	<input type="checkbox"/>	<input type="checkbox"/>		\$15	\$30	
* Prices include shipping and handling.				TOTAL			

PAYMENT INFORMATION	
Bill Library:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase Order #:	
Check #:	
AMEX / VISA / MC #:	
Expiration Date:	
Security Code:	
Billing Address:	
Billing Address:	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Auth. Signature:	
OLC will bill Institutions <u>only</u> . Personal orders must be accompanied by payment information.	

OFFICE USE ONLY	
Payment Rec'd Date:	
Check #:	
Amt. Rec'd:	
Ship Via/Date:	

QUESTIONS?
 Call (614) 410-8092 or E-mail: olc@olc.org