



2009 IARF Salary Survey Order Form

Agency Name:

Contact Name:

Agency Address:

City:

State:

Zip:

Phone:

Fax:

Email:

IMPORTANT: Fax this form to (217) 525-1271 if you are to be billed (only IARF Members) or if paying with a credit card. Your order cannot be completed without an email address!

Salary Survey Pricing Information:

Participating IARF member:	FREE
Non-participating IARF member	\$125
Participating non-IARF member	\$135
Non-participating non-IARF member	\$195
Mailed printed copy to anyone	\$250 plus shipping and handling

I will be paying by:

Check (Please mail your check and order form to: IARF SALARY SURVEY, 206 S. 6th St., Springfield, IL 62707)

Credit Card

Card Type:
CC Number:
Expiration Date:
Name on Card:

Bill Me (IARF Members Only)

Date Submitted: _____