



2010 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	\$135
Participating non-IARF member	\$150
Non-participating non-IARF member	\$200
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: _____
(IARF accepts Visa/MC)

CC Number: _____

Expiration Date: _____

Name on Card: _____

Security Code: _____
We must have 3 digit security code from back of card, so please include, or call if you prefer.

___ Bill Me (IARF Members Only)

Date Submitted: _____