

order form

Name _____

Company _____

Address _____

Phone _____

e-mail _____

County _____

PLEASE SELECT YOUR BUSINESS SECTOR BELOW

Office or Administrative \$1,250 = _____

Local Government \$1,750 = _____

Manufacturing or Service \$1,750 = _____

NYS Sales Tax _____

TOTAL _____

(Price includes shipping and handling)

PAYMENT METHOD (CHOOSE ONE)

Enclosed is a check in the amount of \$ _____ payable to Rochester Business Alliance

Please invoice PO# _____

Credit Card (circle one) Visa MasterCard

Card Number _____

Print Name on Card _____

Signature _____

Expiration Date _____ Security Code _____

Billing Address (if different) _____

MAIL OR FAX TO:

Rochester Business Alliance, 150 State Street, Suite 400, Rochester, New York 14614, Fax (585) 244-4864

Questions? Call Kathy Novak at (585) 256-4618 or e-mail kathy.novak@rballiance.com

Note: Hard Copy Guide and CD will be shipped upon receipt of payment