PUBLICATION ORDER FORM

DATE _____

SHIP TO: Name _____

Company _____

Address _____

City _____ State _____ Country _____ ZIP _____

Telephone ( ) _____ Fax ( ) _____ E-mail _____

Texas Residents and Companies: If you do not include tax in your payment, you must attach a completed Texas Sales Tax Exemption Certificate, a Blanket Resale Certificate, or a Direct Exemption Certificate for your company. Personal checks and credit card payments are not tax exempt.

Please check your area(s) of interest:

- ____ general geology (1)
- ____ bibliographies/indexes (2)
- ____ coastal studies (3)
- ____ engineering geology (4)
- ____ environmental studies (5)
- ____ geochemistry (6)
- ____ geophysics (7)
- ____ hydrogeology (8)
- ____ maps (9)
- ____ mineral studies (10)
- ____ oil and gas (11)
- ____ petrology (12)
- ____ seismic studies (13)
- ____ sequence stratigraphy (14)
- ____ teaching/education (15)
- ____ tectonics/fracture studies (16)
- ____ other (specify) (17) _____

Publication Number or Name	Pub. Code	Qty. (a)	Price Each (b)	Total (a) × (b)
Continue on next page as needed.				

Handling Charges

If Subtotal Is:	Add
0.00 to 2.00	.75
2.01 to 5.00	1.50
5.01 to 10.00	2.00
10.01 to 20.00	2.50
20.01 to 30.00	3.00
30.01 to 40.00	3.50
40.01 to 50.00	4.00
50.01 to 100.00	5.50
More than 100.00	7%

International orders add $1.00

SUBTOTAL	
HANDLING (required for all orders)	
8.25% sales **TAX** on subtotal plus handling for shipments to Texas	
TOTAL AMOUNT ENCLOSED Make checks payable to: **UT–BEG**	

MAIL ORDER FORM AND PAYMENT TO:

The University of Texas at Austin, BEG
Attention: Publication Sales
University Station, Box X
Austin, Texas 78713-8924 USA
Phone: (512) 471-1534
Toll-free phone (USA): 1-888-839-4365
Toll-free fax (USA): 1-888-839-6277
Fax: (512) 471-0140

No returns or refunds are permitted. First class mailing, international air mail, or courier delivery may be requested at the expense of purchaser.

PAYMENT IN FULL REQUESTED
PLEASE MAKE PAYMENT IN U.S. DOLLARS DRAWN ON A U.S. BANK.

❑ **Please bill me** ❑ **Please add my name to your mailing list**
❑ **Please send me another List of Publications**
❑ **Please send me your latest Annual Report (or year ____).**

Please charge my:
❑ AMEX ❑ Discover ❑ Diner's Club ❑ MasterCard ❑ Visa

Account no. _____
Expiration date _____ Verification Code _____
Authorized signature _____

NOTE: All orders will be filled upon receipt and will be mailed fourth class or printed matter. Please allow 10 days to 2 weeks for delivery.

LOP 2006