



ISSTD Commemorative Plenary CD ORDER FORM

Name:(last): _____ (first): _____ (Middle): _____

E-mail: _____ Credentials: LCSW PhD MD Other _____

Shipping Address: _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____

ISSTD Commemorative Plenary CD Qty _____ \$25 each _____

This CD includes a collection of plenaries from 1999 – 2007.

Total Payment \$ _____

Payment options

Credit Card Information Visa _____ AMEX _____ Mastercard _____

Name on the card _____ Exp. Date _____

Card number _____ Security Code _____

Check enclosed _____

FAX to ISSTD Headquarters – 703-610-0234

Or mail to: ISSTD Headquarters
8400 Westpark Drive
McLean, VA 22102

If you have any questions, please email ISSTD at info@isst-d.org or call 703-610-9037
www.isst-d.org