



IPMBA *Fundamental Skills for Public Safety Cycling* DVD Order Form

Date of Order: _____

Name: _____

Department: _____

Contact Phone: _____

Contact Email: _____

Ship To:

Department (if applicable): _____

Street Address: _____

City, State, Zip/Postal Code: _____ Country: _____

Amount Enclosed:

___ \$25** IPMBA Member. IPMBA Membership or Instructor Number: _____

___ \$40** Non IPMBA Member

___ \$5 Shipping & Handling. (First Class Mail, U.S. only, single copy; contact for rates for multiple copies, international, or expedited shipping).

**Maryland residents add 6% sales tax or enclose Maryland Sales & Use Tax Exemption certificate.

Total: _____

Form of Payment (U.S. Currency Only):

___ **Check (Payable to Police on Bikes, Inc., or IPMBA)**

___ **Mastercard/Visa (circle one)**

Card Number: _____ Expiration Date: _____

Name on Card: _____

Cardholder's Signature: _____

Email Address for Receipt: _____

Phone Number: _____

___ **Purchase Order**

Purchase Order Number: _____

Bill to: _____

Street Address: _____

City, State, Zip/Postal Code: _____

Tax ID: 52-213-7781

Return order form, with payment, to the below address or fax to 410-744-5504.

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