

PBLI Order Form

Quantity	Item

Estimated Total

Any applicable shipping charges will be applied before your credit card is processed. If you are outside the US or are paying by check, contact [Michelle Krause](#) for a final total.

Shipping Address

Name

Address Line 1

Address Line 2

City

State

Zip Code

Country

Daytime Phone

Email Address

Payment Method

Check (enclosed)

Billing Address (if different from shipping address)

Name

Address Line 1

Address Line 2

City

State

Zip Code

Country

Daytime Phone

Credit card information via phone (217-545-7342)

Order Submission

Fax 217-545-0192

Email mkrause92@siumed.edu

Postal mail
SIU School of Medicine PO Box 19622
Springfield, IL 62794-9622
Attention:Michelle Krause