



Payment Form / Receipt

The American Phytopathological Society

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Federal Tax ID #: 15-0619279

Please print this document and fill in the following information (Report Charges: \$45 each):

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YOUR NAME AND ADDRESS: _____ _____ _____	PHONE: _____
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	THIS RECEIPT IS FOR REPORT NUMBERS: _____ _____

Check one of the following options:

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Please make checks payable to The American Phytopathological Society in U.S. funds through a member bank of the U.S. Federal Reserve System

Bill me.

Only universities in the U.S.A. may be billed. We must receive a purchase order with contact name and phone number.

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Send or fax one copy of this document with payment or purchase order to:

The American Phytopathological Society

Attn: PDMR

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Email: apshq@scisoc.org