

Billing Address

Name _____

Address _____

City, State, Zip _____

Country _____

Phone _____

Fax _____

E-mail address _____

S O F A

DOMESTIC CATALOG ORDER FORM

For orders shipped in the
Continental US.
For all other orders please use
International Form.

Please mail, fax or email to:

Expressions of Culture, Inc.
4401 N. Ravenswood
Suite 301
Chicago, IL 60640

Fax: 773.506.8892

info@sofaexpo.com

Shipping address

(If different from above)

Name _____

Address _____

City, State, Zip _____

SOFA Catalogs Available

	ITEM	QTY	Price
CHICAGO	2006	___	\$20
	2005	___	\$20
	2004	<u>SOLD OUT</u>	
	2003	___	\$15
	2002	___	\$15
	2001	___	\$15
	1997	___	\$15
	1996	___	\$15
	1994	___	\$15
NEW YORK	2006	<u>SOLD OUT</u>	
	2005	<u>SOLD OUT</u>	
	2004	<u>SOLD OUT</u>	
	2003	___	\$15
	2001	___	\$15
	2000	___	\$15
	1999	___	\$15
	1998	___	\$15
MIAMI	1997	___	\$15
	1996	___	\$15
	1995	___	\$15

Payment Information

Number of catalogs ordered _____

Total Cost _____

Check enclosed
(Make check out to Expressions of Culture, Inc.)
or

Charge my Credit Card
(Please circle)

VISA MasterCard American Express

Account #: _____

Verification Code: _____
(3-4 digit code located on back of card or above account number)

Expiration date: _____

Signature: _____