THE UNIVERSITY OF WISCONSIN PRESS • ORDER FORM

1. Please complete and mail to us at this address:
Order Department
The University of Wisconsin Press
c/o Chicago Distribution Center
11030 S. Langley Ave.
Chicago, IL 60628-3892 U.S.A.

2. Or, phone or fax in your order:
M–F 9 a.m.–5 p.m. Central Time
Phone (800) 621-2736
Fax (800) 621-8476

3. Or, you can order from our web site:
http://uwpress.wisc.edu

This form can be photocopied for additional titles.

*Shipping (U.S.): Please add $5.00 for the first book and $1.00 for each additional book.
(Foreign): Please add $9.50 for the first book and $5.00 for each additional book.

**Sales tax: If book is delivered in or shipped to Canada, apply 5% GST to the Book Total. If book is delivered in or shipped to Illinois, apply 9.5% to the Book Total. If book is delivered in or shipped to Wisconsin, apply 5%, 5.1%, 5.5%, or 5.6% to the Subtotal depending on which county the book is delivered in or shipped to.

<table>
<thead>
<tr>
<th>QTY</th>
<th>Title / Author</th>
<th>ISBN</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Book Total
Shipping*
Subtotal
Sales Tax**
Amount Due

Orders from the UK, Europe, Russia (and countries of the former Soviet Union), Africa, and the Middle East:
For price and order information contact:
Eurospan Group
c/o Turpin Distribution
Pegasus Drive
Stratton Business Park
Biggleswade, Bedfordshire
SG18 8TQ, UK
Tel: +44 (0) 1767 604972
Fax: +44 (0) 1767 601640
Email: eurospan@turpin-distribution.com
Web: www.eurospanbookstore.com

Check/money order enclosed
(Please make checks payable to the University of Wisconsin Press)

Please charge my credit card: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Card Number: __________________________________________ Expiration date: __________
Signature
_________________________________________________________________________________

Name_________________________________________________________________________________
Address_______________________________________________________________________________
Address_______________________________________________________________________________
City________________________________________State____________ZIP_______________________
Country (if not U.S.A.)________________________________________________________________
Daytime Telephone________________________________________________
E-mail address __________________________________________________