

# ICMI Training DVDs Order Form

## SHIPPING ADDRESS

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## BILLING ADDRESS (if difference from shipping address)

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## TRAINING DVDS LIST

1 Set of two DVDs    Quantity \_\_\_\_\_ x US\$20.00    Total \_\_\_\_\_

5 Sets of two DVDs    Quantity \_\_\_\_\_ x US\$75.00    Total \_\_\_\_\_

## PAYMENT METHOD

Credit Card     Visa     Master Card     American Express  
ICMI is authorized to charge the credit card below for ICMI training DVDs in the amount of US\$\_\_\_\_\_.

Card # \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Number: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_  
(Required to process payment)

2) Check/Money Order Enclosed   
Please make payable to International Cyanide Management Institute in US\$ only.

3) Wire Transfer  (US\$ only - Please include bank fee charge in your payment)

### WIRE TRANSFER INSTRUCTIONS:

Pay to the order of Chase Bank  
1401 New York Ave, NW  
Washington DC 20005  
Routing/ABA#: 021000021  
Swift Code: CHASUS33  
for deposit only

INTERNATIONAL CYANIDE MANAGEMENT INSTITUTE  
Account # 656567036

Please send the form and payment to:

Email: [info@cyanidecode.org](mailto:info@cyanidecode.org)

Fax: +1-202-835-0155

Mail: **International Cyanide Management Institute**  
**1400 I Street NW, Suite 550**  
**Washington, DC 20005 USA**  
**Phone: +1-202-495-4020**