UNIVERSITY OF DELAWARE PRESS BOOK ORDER FORM

TITLE OF BOOK_________________________________________________
AUTHOR:_________________________
ISBN NUMBER___________________ PRICE: ______________

TITLE OF BOOK____________________________________________
AUTHOR:________________________
ISBN NUMBER___________________ PRICE: ______________

TITLE OF BOOK____________________________________________
AUTHOR:________________________
ISBN NUMBER___________________ PRICE: ______________

TITLE OF BOOK____________________________________________
AUTHOR:________________________
ISBN NUMBER___________________ PRICE: ______________

TITLE OF BOOK____________________________________________
AUTHOR:________________________
ISBN NUMBER___________________ PRICE: ______________

For additional books, please use reverse side to list author, title, ISBN, and price.

TOTAL THIS PAGE: ______________
TOTAL FROM REVERSE SIDE: __________
ORDER TOTAL** ______________

** Postage and handling = $5.00 or more, depending on package weight

Circle one: (Personal Check   VISA   Mastercard) Card Number __________________ Exp. Date _____

Please indicate where books should be sent:

Name ____________________________________________________________
Address ______________________________________________________________________
City, State, Zip __________________________________________________________

Please return this completed form to:
Rowman and Littlefield
15200 NBN Way
P.O. Box 191
Blue Ridge Summit, PA 17214 USA
Fax toll free: 800.338.4550 or Send as email attachment to: orders@rowman.com