PESTICIDE APPLICATOR HANDBOOK
ORDER FORM

NAME: ________________________________________________________________
ADDRESS:  _____________________________________________________________
CITY/STATE/ZIP:  ________________________________________________________
PHONE: (HOME) _______________________  (WORK) _______________________
DEPARTMENT:  _________________________________________________________
CAMPUS ADDRESS:  ____________________________________________________
CAMPUS PHONE NUMBER: ______________________________________________

Payment must accompany order. Return order form and remittance to:

Resource Center, ATTN: Pesticides
7 Business & Technology Park
Cornell University
Ithaca, NY  14850
Phone:255-2080

Please indicate location for which Handbook is needed:   ___ Geneva   ___Ithaca
Quantity: _________________________  (X $25 ea.)    Total Cost: __________________

PAYMENT METHOD:

_____ Check or money order enclosed. Make check or money order payable to:
“Cornell Distribution Center” (No cash, COD’s or stamps)

_____ Charge my VISA       _____ Charge my MASTER CARD

Credit Card Number:  __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __
Expiration Date:  ___/___/___  SIGNATURE: ________________________________

CORNELL DEPARTMENT: ________________________________________________
CORNELL ACCT. # IF DEPT. IS PURCHASING: ________________________________