



Dramascope Subscription

MAILING ADDRESS (Please PRINT)

PLEASE CHECK if mailing address is the same as billing address on credit card below.

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------|--|
| Name: | | Date: | |
| Organization/School: (ONLY – if mail is to be delivered to your business address, OR if you are joining as an Organization) | | <input type="checkbox"/> New Subscriber <input type="checkbox"/> RENEWAL | |
| Address: | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| City: | State/Province | Zip + 4 | |
| Country: | Cell Phone | | |
| Home Phone: | Work Phone: | Fax: | |
| Email: | Website: | | |

THE NADT SUBSCRIPTION PERIOD BEGINS MAY 1ST EACH YEAR

ANNUAL SUBSCRIPTION RATES (All prices quoted in U.S. Dollars)

| | | |
|-------------------------------------------------|-------|----------|
| Dramascope Subscription within the US..... | \$ 20 | \$ _____ |
| Dramascope Subscription (Canada & Mexico) | \$ 30 | \$ _____ |
| Dramascope Subscription (International) | \$ 35 | \$ _____ |

PAYMENT METHOD: *Please make checks payable to:* NADT

Check Enclosed (U.S. Funds) Check # _____ **TOTAL AMOUNT: \$ _____ USD**

NOTE: There is a \$25 fee for bounced checks.

Credit Card # _____ **Exp Date:** _____

Name on Credit Card (Please Print): _____

Billing Address (Address that credit card is BILLED TO if different from above – must match the card # to be processed):

| | |
|----------------|---------|
| Address | City |
| State/Province | Zip |
| | Country |

- Mastercard
- Visa

Authorized Signature on credit card (REQUIRED)