



Understanding Group Self-Insured Workers' Compensation Funds

Order Form

Name _____

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

Quantity:

If you would like bigger quantities please contact SIEF at 800-851-7789.

- _____ Up to 25 copies complimentary for SIIA member companies
- _____ 26-250 @ \$10 each (member companies)
- _____ @ \$15 each (non-members)
- 250 \$1,300
- 500 \$2,100
- 750 \$2,200
- 1000 \$2,400

Payment Information:

Total Amount Due \$ _____

Enclosed is my check made payable to SIEF in US funds in the amount of \$ _____.

Please charge the following: Visa MC Amex Discover

Credit Card Number _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

VAL Code (MC, Visa, Discover-last 3 digits on back of card; AMEX 4 digits on card front) _____

Expiration Date _____

Signature _____ Date _____

CANCELLATIONS: All orders are non-refundable

Please return completed form with payment to:

SIEF • PO Box 1237 • Simpsonville, SC 29681

or via fax (864) 962-2483