



HORSE SENSE

2012 CALENDAR ORDER FORM



A generous portion of the 2012 Horse Sense Calendar proceeds is donated to the AAEP Foundation, Inc.

CUSTOMER INFORMATION (BILL TO)

Practice Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
Phone number will be used as PO# for factory inquires.
 Fax: _____
 Contact Person: _____
 Email: _____

SHIPPING INFORMATION

Same as Customer Information

Practice Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Contact Person: _____
 Ship Order: When ready After 10/1/11

ORDER INFORMATION All calendar orders must be received by November 1, 2011 to ensure holiday delivery.

| QTY | STYLE | 50-199 | 200-399 | 400+ | Env. | TOTAL |
|-----|---|------------|------------|------------|-----------|-------|
| | 2012 Horse Sense Calendar AAEP.2CO82 (Min. 50) | \$3.67 ea. | \$3.57 ea. | \$3.47 ea. | | |
| | Plain Mailing Envelopes (Loose envelopes will ship bulk with calendars) | | | | \$.16 ea. | |
| | Plain Mailing Envelopes (Calendars inserted) | | | | \$.29 ea. | |

PAYMENT METHOD

- Check Enclosed (payable to Calendar Co-op Center)
 American Express Visa MasterCard

Card No: _____

Exp. Date: ____/____/____ 3- or 4-digit security code: _____

Name on Card (print): _____

Signature: _____

Subtotal

Applicable sales tax will apply

GRAND TOTAL

Price includes UPS ground shipping within the USA and Canada.
Canadian Taxes will be invoiced.
Call for additional charges on foreign or expedited shipping.

Orders received after 11/1/2011 are subject to stock availability.

IMPRINT INFO

- Same Imprint as Last Year – Last Year's Job # _____ Changes to Imprint (attach sample) NEW Imprint

1st Line (Practice Name) _____

2nd Line (Slogan) _____

3rd Line (Address, City, State, Zip) _____

4th Line (Phone, Fax, E-mail) _____

Email digital artwork to seart@calendarcs.com and include company name in subject line.
Physical artwork will be kept until the order is produced. Artwork returned upon request, otherwise it will be discarded.

SEND ORDER TO

Calendar Co-op Center c/o Horse Sense Calendar Program
P.O. Box 8000, Sleepy Eye, MN 56085

FAX: 800.206.2977 CUSTOMER SERVICE PHONE: 800.833.8136