

**Exhibitor's Name:** 





## 2022 ASN Kidney Week Photography Order Form

Exhibit Booth #:

| On Site Contact:                                       | On Site Cell #:  |          |       |
|--|--|----------|-------|
| Digital Photography Services:                          | Price  | Quantity | Total |
| 1-Angle (View): Delivered After Meeting Via Web Link   | @each  | \$150.00 | \$    |
| 3-Angles (Views): Delivered After Meeting Via Web Link | @each  | \$350.00 | \$    |
| 6-Angles (Views): Delivered After Meeting Via Web Link | @each  | \$525.00 | \$    |
| Contact Information                                    | Processing/Production Fee \$ 20.00   |          |       |
| Company Name:  | Total \$  Billing Information VISA MERICAN DISCOVER  Card Type (VISA/MC/AMEX): |          |       |
| Address:   |  |          |       |
| City,State:  | Name on Card:  |          |       |
| Zip Code:  | Card #:  |          |       |
| Email:   | Phone#:  |          |       |
|  | Country:   |          |       |
|  | Exp Date (xx/xx):  |          |       |
|  | CVS (3 or 4 Digits):   |          |       |
|  | Job or PO #:   |          |       |

**Email or Mail Form To: Larry Young Photography** 

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