



Hazardous Waste Disposal Order Form (Due by: March 25, 2016)

Order Form and Liability Waiver must be submitted together.

Contact Name: _____ Booth: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Please indicate below, the quantity of items required:

Item:	Quantity Needed PER DAY:
Cardboard Box with Plastic Bag	_____
Sharps Container	_____

Please indicate which days pick-up service is needed:

Saturday _____

Sunday _____

Monday _____

Payment Information:

Payment must accompany this order form by VISA, MasterCard or American Express. No other credit card will be accepted. By signing the below you authorize ASCRS•ASOA to charge your credit card \$250.00 (U.S. dollars only) for hazardous waste disposal services.

Name on Card: _____

_____ VISA _____ MasterCard _____ American Express

Credit Card Number: _____ Expiration Date: _____

Signature: _____

Please email or fax this form to ASCRS•ASOA prior to Friday, March 20, 2015 to:

Jamie Barbera, ASCRS•ASOA Exhibits Manager

jbarbera@ascrs.org OR FAX directly to: (703) 547-8840