

(\* = Required)

Bill To Information

Company Name or Institution

Title



Terasaki Foundation Lab  
11570 w. Olympic Blvd. Los Angeles, CA  
90064 tel. 3104796101 fax. 3104453381

Checks payable to: Terasaki Foundation Lab

First Name\*

Email\* (PLEASE INCLUDE YOUR EMAIL)

Last Name\*

Phone\*

Fax\*

Middle Name

Credit Card /P.O.

Expiration date

Address 1\*

Clinical Transplants 2010 BOOK     Digital Edition (DVDR)  
\$90.00     \$60.00

(quantity)      (quantity)

CDROM of Slides 25 Years (85-09)     Digital Edition (DVDR)  
\$10.00     \$100.00

(quantity)      (quantity)

Address 2

Clinical Transplants 2009 BOOK     Digital Edition (DVDR)  
\$50.00     \$60.00

(quantity)      (quantity)

City\*

Clinical Transplants 2008 BOOK     CDROM of SLIDES  
\$30.00     \$10.00

(quantity)      (quantity)

Zip/Postal Code\*

Clinical Transplants 2000 - 2007 BOOKS  
\$10.00

(quantity)

State/Province/Region\*

Please select a Shipping Method! (choose one)

Domestic shipments

USPS (\$10.00/book)

Domestic shipments

USPS (\$5.00/DVDRom)

Country\*

International shipments

USPS (\$50.00/book)

International shipments

USPS (\$13.00/DVDRom)

YOUR TOTAL IS:

\$USD

Fax. 310-445-3381 or email to: [info@terasakilab.org](mailto:info@terasakilab.org)  
make checks payable to: Terasaki Foundation Lab