



THE ANGLE ORTHODONTIST
 PO BOX 7065
 LAWRENCE KS 66044-7065 USA

The Angle Orthodontist 2020 Subscriber Form

Subscription Options
 Volume 90, Issues 1-6
 ISSN: 0003-3219

THE EDWARD H. ANGLE SOCIETY OF ORTHODONTISTS, INC.

Individual Worldwide	1 Year	\$545.00	2 Year	\$935.00
Institutional Worldwide	1 Year	\$705.00	2 Year	\$1230.00
Students, Residents & 1st year AAO Members	1 Year	\$205	2 Year	N/A

Total: _____

Contact Information:

Name: _____
 Institution/Department: _____
 Street Address/PO Box: _____
 City: State: _____
 Postal Code: Country: _____
 Phone: Fax: Email: _____

Payment Type:

We accept DISCOVER MASTERCARD VISA CHECK

Credit Card Number: _____
 Credit Card Expiration Date: _____
 Signature: _____

Submit form to:

Angle Orthodontist
 PO Box 1897
 Lawrence, KS 66044-1897

Phone: 1-785-865-9405
 Fax: 1-785-843-6153
 Email: angle@allenpress.com