KMT COMMUNICATIONS ORDER FORM

Name/Address of Orderer:

Name_____

Address_____

City_____

State_____Postal Code_____

Country_____

Gift: Name/Address of Recipient:

Name_____

Address_____

City_____

State_____Postal Code_____

Country_____

SUBSCRIPTION TO *Kmt* : Δ Renewal Δ New Δ Gift Start new subscription with: Δ Current Δ Next Issue

	1 YEAR	2 YEARS		1 YEAR	2 YEARS		1 YEAR	2 YEARS
U.S.	Δ$37	Δ$69	Canada	ΔUS$45	ΔUS$85	Other FOREIGN	ΔUS$47	ΔUS$89

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Δ Summer 98
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Δ Summer 01
Δ Summer 02
Δ Summer 03
Δ Summer 04
Δ Summer 05
Δ Summer 06
Δ Summer 07
Δ Summer 08
Δ Summer 09
Δ Summer 10
Δ Summer 11
Δ Summer 12
Δ Summer 13
Δ Summer 14

Δ Fall 95
Δ Fall 96
Δ Fall 97
Δ Fall 99
Δ Fall 00
Δ Fall 01
Δ Fall 02
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Δ Winter 95/96
Δ Winter 96/97
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TOTAL ORDER US$ _____

Method of Payment: Δ **CHECK** (with U.S. Guarantor Bank) Δ **VISA** Δ **MASTERCARD**

Credit Card #_____

Expr. Date_____

Name on Card_____

Authorized Signature_____

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