



VARIAN



The Council on Alcohol and Drugs
Onsite Drug Testing Order Form
Please complete the following:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Contact Name: _____ Email Address: _____

Product: _____	Quantity _____	Subtotal _____
<i>Add \$14.50 per box for Shipping & Handling</i>		<u>+</u>
<i>Add Your County Sales Tax (on total) (in GA only)</i>		<u>+</u>
<i>Total Amount</i>		<u>\$</u>

Check enclosed: \$ _____ Payable to *The Council on Alcohol & Drugs*

Or Visa _____ MasterCard _____ AMEX _____ Discover _____

Credit Card # _____

Expiration date: _____ 3 digit CSC # _____

Charge amount: _____

Credit card billing address (do not complete if same as above).

Please contact Leanne Mulherin at (404) 223-2482 or (770)-822-5720 or
Lmulherin@LiveDrugFree.org

FAX THIS FORM: (866) 786-9811

Or mail to:
Leanne Mulherin
The Council on Alcohol and Drugs, Inc.
233 Peachtree Street, NE, Suite 2000
Atlanta, Georgia 30303-1564

