

2003 ICOB PROCEEDINGS ORDER FORM

Name _____

Address: _____

City/State/Zip _____

Member # _____

PRICE: \$30 _____

Check enclosed payable to The American Go Association

Please bill my _____ credit card

_____ Exp _____

Mail completed order with payment to:

AGA

PO Box 397 Old Chelsea Station

New York, NY 10113

Or fax with credit card # to 212.662.5501.

THANK YOU!