



DIET MANUAL & NUTRITION PRACTICE GUIDELINES

A MANUAL OF THE GEORGIA DIETETIC ASSOCIATION © 2004
(2006/2007/ 2008/ 2009 REVISIONS)

Please check one:

I am an ADA member and my member number is _____. Please send me ____ copy(s) of the **DIET MANUAL & NUTRITION PRACTICE GUIDELINES**, revised in 2004 at \$75 +Shipping and Handling (Georgia residents add sales tax or provide tax exempt number).

OR

I am not an ADA member. Please send me ____ copy(s) of the **DIET MANUAL & NUTRITION PRACTICE GUIDELINES**, revised in 2004 at \$100 +Shipping and Handling (Georgia residents add sales tax or provide tax exempt number).

Contact Name: _____

Institution: _____

Street Address: _____

(Note: must have street address as manuals are shipped via UPS)

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Diet Manual(s) _____ @ \$75.00 each for ADA Members \$ _____

_____ @ \$100.00 each for non-ADA Members \$ _____

Sub Total Amount Due \$ _____

Tax exempt number: _____ or Sales Tax (__%) \$ _____

To determine the sales tax rate in your county visit:

http://www.etax.dor.ga.gov/salestax/salestaxrates/LGS_2009_Jan_Rate_Chart_Moore_rates_09.pdf

Shipping & Handling (\$5.00 for 1st Manual) \$ _____

(\$3 for each additional Manual) \$ _____

TOTAL AMOUNT DUE: Orders must be prepaid \$ _____

PAYMENT METHOD: Check (payable to "Georgia Dietetic Association, Inc.") VISA MC Discover

Name as it appears on card: _____

Signature: _____

Card #: _____ Exp. Date: _____

Georgia Dietetic Association, Inc.,
4780 Ashford Dunwoody Rd, Suite A #512, Atlanta, GA 30338
404.539.6667 Fax: 404.549.4644 Email: info@gda-online.org