

Billing Address	
Name	_____
Address	_____
City, State, Zip	_____
Country	_____
Phone	_____
Fax	_____
E-mail address	_____



**DOMESTIC  
CATALOG  
ORDER  
FORM**

For orders shipped in the  
Continental US.  
For all other orders please use  
International Form.

Please mail, fax or email to:

**Expressions of Culture, Inc.**  
4401 N. Ravenswood  
Suite 301  
Chicago, IL 60640

**Fax: 773.506.8892**

**info@sofaexpo.com**

Shipping address (If different from above)	
Name	_____
Address	_____
City, State, Zip	_____

SOFA Catalogs Available		
	ITEM	QTY
CHICAGO	2004	<u>SOLD OUT</u>
	2003	_____
	2002	_____
	2001	_____
	1997	_____
	1996	_____
	1994	_____
NEW YORK	2004	<u>SOLD OUT</u>
	2003	_____
	2001	_____
	2000	_____
	1998	_____
MIAMI	1997	_____
	1996	_____
	1995	_____

Payment Information	
Number of catalogs ordered	_____
Total Cost @ \$15/each	_____
Check enclosed	<input type="checkbox"/>
(Make check out to Expressions of Culture, Inc.) or	
Charge my Credit Card	<input type="checkbox"/>
(Please circle)	
VISA   MasterCard   American Express	
Account #:	_____
Verification Code:	_____
(3-4 digit code located on back of card or above account number)	
Expiration date:	_____
Signature:	_____