

National Transit Building
 206 Seneca Street – Fourth Floor
 P O Box 128
 Oil City, PA 16301



**OIL REGION
 ALLIANCE**
 OF BUSINESS, INDUSTRY & TOURISM

Phone: 814 677-3152
 Or 1-800-4VENANGO
 (1-800-483-6264)
 Fax: 814 677-5206

PUBLICATION AND PRODUCT ORDER FORM

<input type="checkbox"/> “Oil Creek...the Beginning”	\$ 19. each.	<input type="text"/>
<input type="checkbox"/> “A Stroll Through Historic Emlenton”	\$ 8. each	<input type="text"/>
<input type="checkbox"/> “Sketchbook of Victorian Architecture in the Oil Heritage Region”	\$ 8. each	<input type="text"/>
<input type="checkbox"/> “Lube Lingo”	\$ 5. each	<input type="text"/>
<input type="checkbox"/> “3-D Views of the Oil Region” Postcard set	\$ 5. each	<input type="text"/>
<input type="checkbox"/> “Oil Heritage Region; Interpretive Prospectus” (copy)	\$ 30. each	<input type="text"/>
<input type="checkbox"/> “Update of the Oil Heritage Region Management Action Plan (2004)” -- Hard copy	\$ 30. each	<input type="text"/>
<input type="checkbox"/> “Update of the Oil Heritage Region Management Action Plan (2004)” -- CD of entire plan	\$ 5. each	<input type="text"/>
<input type="checkbox"/> “Pennsylvania Geology, Special Edition featuring the Oil Heritage Region	free	<input type="text"/>
<input type="checkbox"/> “Exploring Venango County, PA”	free	<input type="text"/>
<input type="checkbox"/> “The Valley That Changed The World- OHR Interpretive Prospectus Summary	free	<input type="text"/>
<input type="checkbox"/> “OHR Driving Tour Booklet”	free	<input type="text"/>
<input type="checkbox"/> “Victorian Architecture Giftwrap”	free	<input type="text"/>

Order Subtotal: _____
 Shipping/Handling: + 5.00
 Total Order: _____

Customer Name: _____ Date: _____

Company Name: _____

Shipping Address: _____

Billing Address: _____

Phone: _____ E-Mail Address: _____

Payment Method: Check/Money Order Enclosed, Payable to “Oil Region Alliance”
 Please invoice.
 Please charge to this charge account with....
 VISA Master Charge Discover American Express
 Charge card #: _____
 Expiration date on card: _____
 Authorizing Signature: _____
 Title for Authorized Agent: _____

Thank you for your order!