



MARITIME EXCHANGE

Port Directory Order Form

I would like to place an order for the Annual Port Directory.

Please send me _____ copies.

Company:

Contact:

Address:

City, State & Zip:

Phone:

Fax:

Email:

Web Address:

Port Directory Pricing

1-5 Copies: \$30.00each

6 + Copies: \$25.00 each

Payment Options: (Prepayment is required for all Port Directory orders)

My check for \$ _____ is enclosed.

Please bill by credit card:

Name (as it appears on credit card):

Card #:

Expiration Date:

Signature:

Date:

Please Complete and Return to:

Maritime Exchange for the Delaware River and Bay

240 Cherry Street, Philadelphia, PA 19106

Or email to: portdirectory@maritimedelriv.com

Or fax to: 215-925-3422

Please send any listing corrections/updates to: dstargell@maritimedelriv.com

I want to advertise next year. Please be sure to contact me regarding advertising.

If you have any questions or need additional information, please contact the Maritime Exchange at 267-670-7948 or dstargell@maritimedelriv.com