

SUBJECT MATTER INDEX Order Form

I wish to order the following:

| Item Ordered | Number | X | Cost | Ш | Total for Item |
|--------------------------------------|--------|---|-------------------|---|-------------------|
| Next update of Volume 2 | | X | \$35 | Ш | \$ |
| Volume 1 & latest update of Volume 2 | | X | \$70 | Ш | \$ |
| Latest update of Volume 2 | | X | \$35 | Ш | \$ |
| Volume 1 (1990-1999) | | X | \$35 | Ш | \$ |
| | | | Total Enclosed | = | \$ |

Please make check payable to CITY OF CHICAGO.

| Send my order to: | |
|--|--|
| Name, Title: | |
| Organization: | |
| Address: | |
| | |
| | |
| Telephone: | Order Date: |
| Please submit this form and your check to: | Chicago Commission on Human Relations Attn: Docket Clerk 740 N. Sedgwick, Third Floor Chicago, IL 60654 |

For any questions, please call (312) 744-2863.