Order Form

Irrigation Districts of the Rio Grande Basin
GIS Shapefiles
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<table>
<thead>
<tr>
<th>Name (please print)</th>
<th>Company/Agency Name</th>
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<tbody>
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<thead>
<tr>
<th>Mailing Address</th>
<th>City, State</th>
<th>Zip Code</th>
<th>Phone</th>
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<tr>
<th>Interest</th>
<th>Research</th>
<th>Engineering Services</th>
<th>Survey</th>
<th>other</th>
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ArcGIS Shapefiles

<table>
<thead>
<tr>
<th>ArcGIS Shapefiles</th>
<th>Please Send</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Rio Grande Valley</td>
<td>$7,500.00</td>
</tr>
<tr>
<td>Maverick Irrigation District</td>
<td>$1,350.00</td>
</tr>
<tr>
<td>Upper Rio Grande Basin (Hudspeth and El Paso)</td>
<td>$5,100.00</td>
</tr>
<tr>
<td>One to Six Districts in the LRGV</td>
<td>$3,750.00</td>
</tr>
<tr>
<td>Custom Order *</td>
<td>varies</td>
</tr>
</tbody>
</table>

Total Enclosed $ 

*For more information and pricing, contact: Seydou Traore, seydou.traore@ag.tamu.edu, (979) 862-5921

Make Checks payable to:
Irrigation Technology Program

For Credit Cards: please fill out form on the next page.

Send Shapefiles:

- on Compact Disk
- via e-mail
  e-mail address ____________________________

Send Order Form to:
Seydou Traore
Biological and Agricultural Engineering
322 Scoates Hall
2117 TAMU
College Station, TX 77843-2117
979-862-5921

Approval

<table>
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<tr>
<th>Name</th>
<th>Date</th>
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Date received: Date sent:
CREDIT CARD AUTHORIZATION FORM
Texas AgriLife Extension Service Cash Management accepts MasterCard and Visa. A valid zip code and daytime phone number are required.

☑ MasterCard ☑ Visa
Cardholder’s Name ___________________________ Cardholder’s Signature ___________________________
Cardholder Zip Code ___________________________ Cardholder Daytime Phone Number ___________________________
Credit card # ___________________________ Exp. Date ___________ Amount $ ___________________________
Cash Receipt/Invoice Number ___________________________

Texas AgriLife Extension Service
Cash Management
P.O. Box 10420
College Station, TX 77842
(979) 845-1945

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☑ MasterCard ☑ Visa
Cardholder’s Name ___________________________ Cardholder’s Signature ___________________________
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