

DRILLING

Official Publication of the International Association of Drilling Contractors

C O N T R A C T O R



10370 Richmond Ave., Suite 760 • Houston, Texas 77042
1/713-292-1945 • Fax: 1/713-292-1946 | drilling.contractor@iadc.org • www.drillingcontractor.org

2010 SUBSCRIPTION FORM (We must have all information in order to process your subscription)

Your Name: _____

Your Job Title/Position: _____

Firm Name: _____

Mail DRILLING CONTRACTOR magazine to me at the following location:

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Please indicate the category that best describes your **COMPANY'S PRIMARY BUSINESS** (please check only one, this is a required field):

- Land Drilling Contractor Offshore Drilling Contractor Land/Offshore Drilling Contractor
 Land Well Servicing Contractor Offshore Well Servicing Contractor Major Oil Producer
 Independent Oil Producer National Oil Company Oilfield Service/Equipment Manufacturer/Other Training

Please indicate the category that best describes your current **PROFESSIONAL RESPONSIBILITIES** (please check only one, this is a required field):

- Drilling Engineer Completion Engineer Drilling & Completion Engineer
 Drilling/Completion Operations Geologist/Geophysicist Quality, Health, Safety & Environment
 Training/Education Management Company Owner/Corporate Officer

Indicate subscription preference:

Inside US..... \$90.00 USD per year

Outside US..... \$160.00 USD per year

To insure proper credit return this notice with your payment to:

Circulation Manager, Drilling Contractor Magazine, PO Box 4287, Houston, TX 77210-4287 USA

Payment must be made by check or money order in US Dollars. If paying via credit card, please fill out the enclosed form, sign, and return. No agency discounts available.

Official Publication of the International Association of Drilling Contractors

DRILLING

C O N T R A C T O R



CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize IADC to process the credit card submitted below for:

DC Subscription _____

PLEASE COMPLETE AND FAX TO CIRCULATION MANAGER AT 713-292-1946

Company: _____ <small>(For Individual Credit Card Use — Please Print)</small>
Cardholder Name: _____ <small>(For Corporate Card Use — Please Print)</small>
Authorized Signer: _____
Credit Card Number: _____ Exp. Date _____
Signature: _____ Date: _____ Amt: _____