

FAX

(OR MAIL-IN FORM)

Center for Adaptive Schools Adaptive Schools Meeting Manager Mat Order Form

Date: _____

From: _____

Organization: _____

Address: _____

Fax phone number: _____

Voice phone number: _____

E-mail address: _____

To: Lisa Joseph

Fax Number: 303-791-1772

Center for Adaptive Schools

P.O. Box 630128

Highlands Ranch, CO 80163

Phone number: 303-683-6146

E-mail address: ccclj@aol.com

Number of mats being ordered: _____

Order amount (no. of mats x \$5.00): _____

Plus 10% shipping and handling: _____

TOTAL: \$ _____

Ship to address: _____

Payment method: Check will be mailed.

Purchase order:

P.O. number: _____

Business office contact person: _____

Business office address: _____

Credit card: MasterCard

VISA

Card number: _____ Expiration date: _____

Name of cardholder: _____

Address (where statements are received): _____

