

Date: _____ LC Rep: _____ Referral Source: _____

Amount	Item	Cost	Total Amt.	Item Recv'd
_____	"Helping Church Teens Deal With Tough Issues" Book	\$12	_____	_____
_____	STI Policy and Procedure CD	\$35	_____	_____
_____	STI FlipChart	\$60	_____	_____
_____	New STI Section FlipChart Pages	\$25	_____	_____
_____	New Alternative Behaviors FlipChart Pages	\$25	_____	_____
_____	Telephone Talking Points CD	\$20	_____	_____
_____	Talking Points Binder	\$15	_____	_____
_____	STI PowerPoint Presentations With presenter manual	\$65	_____	_____
_____	"I Want to Teach My Child About Sex" Book	\$9	_____	_____
_____	"I Want to Talk With My Teen About Love, Sex & Dating" Book	\$9	_____	_____

Product Subtotal	_____
Shipping & Handling (10% of total cost or \$3.00) + Tax (if applicable)	_____
Total Due	_____

Payment Method: Cash Check (# _____) Visa MasterCard Bill Me

Credit Card # _____ - _____ - _____ - _____ **CCV :** _____ **Exp Date** ____/____/____
 Name on card: _____
 Billing address w/zip if different from shipping: _____

Company _____
 Contact: _____
 Signature _____
 EmailAddress _____
 Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____ - _____

Additional Notes: _____



Fax this form to 417.624.8341, Attention Lynne Roberts