

E
F
M

EDUCATION
FOR
MINISTRY

MATERIALS ORDER FORM

Administrative Mentor _____ Social Security Number _____ Date _____

Telephone _____ Group Id (will be assigned to new groups) _____

MATERIAL NEEDED NAME

YR _____

YR _____

YR _____

YR _____

YR _____

YR _____

YR _____ MENTOR: _____

YR _____ CO-MENTOR: _____

MATERIAL NEEDED NAME

YR _____

YR _____

YR _____

YR _____

YR _____

YR _____

YR _____

YR _____

SHIPPING METHOD:

Shipping time **does not include the 7-10 working days for processing.**

____ UPS/Fed-Ex **All orders will be shipped UPS/Fed-Ex at no cost to the group.**
See Reverse for estimated delivery days.
(Weekends do not count in number of days.)

____ 2nd Day Air **Mentor will be invoiced for cost.** Do not send partial or estimated payment. Payment is due upon receipt of invoice. (Weekends do not count in number of days.)

FOR OFFICE USE ONLY

____ YR 1	____ ORDER FORMS
____ YR 2	____ STD PACKETS
____ YR 3	____ MM
____ YR 4	____ CLSM