

Michigan Model for Health® 9-12 HIV Order Form

Michigan

QTY	ITEM#	DESCRIPTION	UNIT PRICE	LINE TOTAL
	MA900	Healthy and Responsible Relationships: HIV, Other STIs, and Pregnancy Prevention, A Module for Grades 9-12	\$40.00	
	0919A	Abstinence: Deciding to Wait (Special Edit) (VHS)	\$154.45	
	0921	How To Refuse (Poster)	\$3.00	
	0944A	In Our Own Words: Teens and AIDS (VHS) (AB-Based) or #0979A	\$116.70	
	0935A	It's Your Choice: Birth Control for Teens (Special Edit)(VHS) (AB-Based)	\$74.15	
	0979A	Just Like Me: Talking About AIDS (VHS) (AB-Based) or #0944A	\$133.35	
	0905	Set Limits...Then Act! (Poster)	\$3.00	
	0904A	Stories of AIDS (VHS) (AB-Only)	\$47.25	
	0923A	Taking a Stand (VHS) (Optional)*	\$216.80	
	0916AR	U neeD 2 KNo (VHS) (AB-Based)	\$55.00	
	0916A2	U neeD 2 Kno (VHS) (AB-Only)	\$50.00	
		Subtotal		
Add sales tax 6% or list Tax Exempt Number in this space.				
ACTUAL SHIPPING CHARGES WILL BE INVOICED If you must have a shipping amount, please estimate 5% of the value of materials ordered. Shipping Estimate				
TOTAL				\$

Incomplete shipping address may result in additional charges.

Bill to address (if different from Ship To)

District/Org _____
 Attn _____
 Address _____
 City/St/Zip _____
 Phone _____ Fax _____
 E-mail _____

Mail completed order form with a signed purchase order, check, money order or credit card information to the following address:

**Educational Materials Center
 139 Combined Services Building
 Central Michigan University
 Mt. Pleasant MI 48859**

P.O. or Credit Card orders may be faxed to
 989-774-3943.

For order information, please call 1-800-214-8961.
 Sorry, telephone orders cannot be accepted.

Credit Card Information

Credit card number _____
 Name on card _____
 Expiration date _____
 Please circle card type:

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

 SIGNATURE

Prices subject to change without notice.

*Special Order – this item is not stocked, may take longer to receive.

Ship to address

Check here if this is a residential address

District/Org _____
 Attn _____
 Address _____
 City/St/Zip _____
 Phone _____ Fax _____
 E-mail _____