



IAITMH

Materials Request Form

IAITMH Member _____ YES _____ NO

Name:

Address:

Telephone:

Email:

Purchase Order #:

Please indicate if shipping address is different.

Video/DVD Name	Length of Time Renting

Number of Videos	Fee	Shipping and Handling	Total
1	5.00	15.00	20.00
2	8.00	15.00	23.00
3	10.00	15.00	25.00

Make payment or P.O. (include P.O. # when ordering) payable to IAITMH Send to:

Materials will be mailed weekly on Monday.