



# 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:

Patricia Hanneman  
Riley Child Development Center  
Indiana University School of Medicine  
702 Barnhill Drive, %m 5837  
Indpls., IN 46202  
317-274-8167  
FAX: 317-274-9760  
[pahannem@iupui.edu](mailto:pahannem@iupui.edu)

Materials will be mailed weekly on Monday.