



# MST Training Packets ORDER FORM

## OFFICE USE ONLY

Date Rec'd: \_\_\_\_\_

Fax     Phone     Mail

Date Shipped: \_\_\_\_\_

Shipper's Initials: \_\_\_\_\_

Shipped via: \_\_\_\_\_

### Instructions For Using this Form:

- This form is for use by MOVE Site Trainers only
- When you are planning to hold a training, please fill out this form completely and return it to the MOVE Office.
- Fax your order: 661/636-4045
- Phone your order: 800/397-6683 (Be prepared to give the MOVE Office all the information below.)
- Mail in your order to: MOVE International, 1300 17<sup>th</sup> Street, Bakersfield, CA 93301
- Questions? Call or e-mail us at [move-international@kern.org](mailto:move-international@kern.org).

Trainer(s) Name(s): \_\_\_\_\_

Number of anticipated participants: \_\_\_\_\_

### **Shipping Information**

Materials to be received  
on or before this date:

DATE(S) of Training:

1. \_\_\_\_\_ through \_\_\_\_\_

2. \_\_\_\_\_ through \_\_\_\_\_

<u>MST Training Packets</u>	<u>Qty</u>	<u>Price Ea.</u>	<u>Total</u>	<u>SHIP ORDER TO:</u>
One-Day Training	_____	\$10.00	_____	Attn: _____
Two-Day Training	_____	\$10.00	_____	Name of school or organization: _____
Subtotal:			_____	Shipping Address: _____
S & H (10%)			_____	
TOTAL:			<b>_____</b>	Phone : _____

### **PAYMENT METHOD:**

Check # \_\_\_\_\_

Visa

MasterCard

AmEx

PO # \_\_\_\_\_

Account #: \_\_\_\_\_

Direct Bill

Exp. Date: \_\_\_\_\_