

2017 Convention Catalog Request Form

Name _____
Last First M.I.

Home Address _____

City _____ State _____ Zip _____ - _____

Country _____ Phone # _____

Email address _____

March Address (if different) _____

City _____ **State** _____ **Zip** _____ - _____

Number of catalogs _____ x \$10.00 or \$17.00 for International, US funds only = \$ _____

Please make checks payable to Heart of Ohio Tole Chapter, Inc.

A \$35.00 fee will be assessed for returned checks.

Office Use Only

Date Received _____ Amount \$ _____ Cash CK # _____

Credit Card #: _____ MC/VISA/DIS

Card Holder Approval _____ EXP. DATE _____ 3 Digit # _____

Comment: _____ Initials _____