



MEETING SUPPLY ORDER FORM

Please complete this form and submit by clicking the "submit" button below or print and send via fax or e-mail to the Membership Department at Fax: (703) 684-0948 or E-mail: membership@ipma-hr.org. **Please place orders 2-4 weeks prior to event.**

ORDER PLACED BY:

NAME: _____ CHAPTER/REGION NAME: _____

PHONE: _____ E-MAIL: _____

EVENT NAME: _____ EXPECTED NUMBER OF ATTENDEES: _____

SHIP TO: _____

MISCELLANEOUS PRODUCTS:			
	PRODUCT DESCRIPTION	QUANTITY	COST (EA.)
<input type="checkbox"/>	IPMA-HR Membership Brochure		FREE
<input type="checkbox"/>	IPMA-HR Testing Products Catalog		FREE
<input type="checkbox"/>	Certification Information Flyer		FREE
<input type="checkbox"/>	International Training Conference Information		FREE
<input type="checkbox"/>	IPMA-HR Pocket Folder		\$0.95
<input type="checkbox"/>	Logo Pen		\$0.60
<input type="checkbox"/>	IPMA-HR Logo (4.125"x7.125, 25 sheet Scratch Pad)		\$0.30
<input type="checkbox"/>	IPMA-HR Logo (4"x3, 25 sheet Sticky Notes)		\$0.25
<input type="checkbox"/>	IPMA-HR Smart Phone Stand		\$1.59
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
RIBBONS:			
	PRODUCT DESCRIPTION	QUANTITY	COST (EA.)
<input type="checkbox"/>	Exhibitor		\$0.80
<input type="checkbox"/>	Sponsor		\$0.80
<input type="checkbox"/>	First Time Attendee		\$0.80
<input type="checkbox"/>	Honorary Life Member		\$0.80

RIBBONS—CONTINUED			
	PRODUCT DESCRIPTION	QUANTITY	COST (EA.)
<input type="checkbox"/>	Host Committee		\$0.80
<input type="checkbox"/>	Board of Directors		\$0.80
<input type="checkbox"/>	Chapter President		\$0.80
<input type="checkbox"/>	Committee Chairperson		\$0.80
<input type="checkbox"/>	Committee Member		\$0.80
<input type="checkbox"/>	Executive Council		\$0.80
<input type="checkbox"/>	Speaker		\$0.80
<input type="checkbox"/>	Past President		\$0.80
<input type="checkbox"/>	President		\$0.80
<input type="checkbox"/>	President-Elect		\$0.80
<input type="checkbox"/>	Program Committee		\$0.80
<input type="checkbox"/>	Region President		\$0.80
<input type="checkbox"/>	Volunteer		\$0.80
<input type="checkbox"/>	Stockberger Awardee		\$0.80
<input type="checkbox"/>	Past Stockberger Recipient		\$0.80
<input type="checkbox"/>	Executive Director		\$0.80
<input type="checkbox"/>	Staff		\$0.80
<input type="checkbox"/>	IPMA-SCP		\$0.80
TOTAL:			\$

METHOD OF PAYMENT:

CHECK ENCLOSED IN THE AMOUNT OF \$ _____ MADE PAYABLE TO IPMA-HR

CHARGE \$ _____ TO MY VISA MASTERCARD

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

NAME AS IT APPEARS ON CARD _____ SIGNATURE _____

SUBMIT FORM