

RECRUITMENT MATERIALS REQUEST FORM

To: IBParticipation	From:
Fax: (207) 563-6069	Pages w/ Cover:
Phone: (866) 593-9103	Date:
	Phone:
	Email:

<u>Item</u>	<u>How Many</u>
<input type="checkbox"/> Trifolds _____	
<input type="checkbox"/> Student Information Form _____	
<input type="checkbox"/> Informational Flyer _____	
<input type="checkbox"/> List of Institutions _____	
<input type="checkbox"/> Hats (\$9 plus shipping) _____	
<input type="checkbox"/> Pictures (TBD) _____	
<input type="checkbox"/> Banners (\$35.00 each) _____	
<input type="checkbox"/> Other _____	

MAILING LABEL (please print EXACTLY how it should read):

DATE TO SEND BY (mm/dd/yy):
(allow 1-2 weeks for delivery)