



Kit Rentals

Dates Requested

Title	1st Choice	2nd Choice
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Billing Address

School Name:

Contact Name:

Street Address:

City:

 State:

 Zip:

Telephone:

 Museum Member Y / N

Email:

METHOD OF PAYMENT

Purchase Order

 Credit Card

 Pre-Paid Check

Shipping Addresses *(if different from billing)*

School Name:

Contact Name:

Street Address:

City:

 State:

 Zip:

Telephone:

 Museum Member Y / N

Email:

To order, call (800) 370-5487 ext.231