



ON APPLEBEE POND

Order Form

BILL TO:

SHIP TO:

(If different from Bill To:)

AGENCY NAME: _____

ADDRESS: _____

(The overnight carrier requires a street address. They cannot deliver to a P.O. Box.)

CITY/STATE/ZIP: _____

CONTACT NAME: _____ **PHONE:** _____

_____ **Puppet Package = \$1,200.00** _____
(9 Puppets, Carry Bag, Curriculum Manual)

_____ **One Day Training = \$1,100.00 plus expenses** _____

_____ **Additional Items** _____

Total Order _____

9% Shipping & Handling _____

Balance Due _____

Please make check payable to:

Mercer County Behavioral Health Commission, Inc.
8406 Sharon-Mercer Road, Mercer, PA 16137

Phone: (724) 662-1550 **Fax:** (724) 662-1557

Webpage: <http://www.mercercountybhc.org>

Email: oap@mercercountybhc.org

**Please note prices may be subject to change.

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HOW DID YOU LEARN ABOUT THE PUPPETS? _____

FOR MCBHC RECORDS ONLY:	INVOICE NO:
DATE ORDER RECEIVED:	DATE TO BE SHIPPED: