



**Minnesota Association for
Children's Mental Health**
165 Western Avenue N Suite 2
St. Paul, MN 55102-4613

ORDER FORM

Contact	Name _____
Agency _____	Job Title _____
<input type="checkbox"/> Home <input type="checkbox"/> Work Address _____	
City _____	State _____ Zip _____ County _____
Phone <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C _____	
E-mail _____	
<i>If you would like receive information from MACMH by e-mail or mail please check here. <input type="checkbox"/> E-mail <input type="checkbox"/> Mail To ensure proper delivery of e-mails, please be sure that macmhmail@macmh.org is included in your safelist.</i>	

Role	<i>(Please check all that apply)</i>	<input type="checkbox"/> Marriage & Family Therapist	<input type="checkbox"/> Parent	<input type="checkbox"/> Education
I am a:		<input type="checkbox"/> Nurse	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Health Care
<input type="checkbox"/> Administrator		<input type="checkbox"/> Paraprofessional	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Advocate		<input type="checkbox"/> Psychiatrist/Physician	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Social Services
<input type="checkbox"/> Counselor		<input type="checkbox"/> Psychologist	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Educator		<input type="checkbox"/> Social Worker	I work in:	
			<input type="checkbox"/> Corrections	
			<input type="checkbox"/> Early Childhood	

Payment	Payment Type:
	<input type="checkbox"/> Check – payable to MACMH
	<input type="checkbox"/> Voucher – include with this form
	<input type="checkbox"/> PO – include with this form
	<input type="checkbox"/> Visa, Mastercard, or Discover – See below

Mail Order Form to:
MACMH
165 Western Avenue N, Suite 2
St. Paul, MN 55102

Fax Order Form to:
651-644-7391 (credit card, vouchers, and POs only)

Credit Card Information
Name as it appears on card <i>(please print clearly)</i> _____
Credit Card # _____
3-Digit Code _____ Exp. date _____ Amount \$ _____
Signature _____

Credit Card Billing Address <i>(if different from Agency Address)</i>
Street _____
City _____ State _____ Zip _____

For office use only	Check #
Paid by _____	Amount
Date Rec'd _____	

Products	A Guide to Early Childhood Mental Health • \$27.95 each • 10-24 \$23.95 each • 25+ \$19.95 each
Qty. _____	x \$ _____ Total _____

An Educator's Guide to Children's Mental Health • \$24.95 each • 10-24 \$19.95 each • 25+ \$16.95 each
Qty. _____ x \$ _____ Total _____

Children's Mental Health Classroom Activities • \$12.99 each
Qty. _____ x \$ _____ Total _____

Children's Mental Health: Separating Myth from Fact <input type="checkbox"/> Booklet \$1.75 each <input type="checkbox"/> Poster \$1.75 each
Qty. _____ x \$ _____ Total _____
<input type="checkbox"/> I'm ordering more than 20 booklets, please send my free poster and DVD!

The Defenders of Clearview School on CD • \$9.95 each • 10-24 \$7.95 each • 25+ \$6.95 each
Qty. _____ x \$ _____ Total _____

Open•Up Blank Note Cards <input type="checkbox"/> Creative Process Cards \$5.95 each <input type="checkbox"/> Feelings Cards \$5.95 each
Qty. _____ x \$ _____ Total _____

Super Me Team—Classroom Activities and Handouts • \$7.00 each • 10-24 \$6.00 each • 25+ \$5.00 each
Qty. _____ x \$ _____ Total _____

Survival Manual For parents of children with mental health needs (Limit 1 per family at this price) • \$14.00 each
Qty. _____ x \$ _____ Total _____
• \$21.95 each • 10-24 \$19.95 each • 25+ \$16.95 each
Qty. _____ x \$ _____ Total _____

Shipping	1 item \$ 3.25
	2 - 10 items . . . \$ 6.25
	11 - 20 items \$ 9.25
	21 - 50 items \$18.25
	More than 50 call
My number of items _____	
My Shipping & Handling \$ _____	

Totals	Enter Subtotal \$ _____
	Shipping & Handling \$ _____
	Enter Total \$ _____