



NEHS ORDER FORM

School ID #: _____
 (See upper right corner of address label.)

Grade Levels in Your School: _____

NEHSCATWEB

Billing Name and Address

Name: _____
 School Address: _____
 City: _____ State: _____ Zip: _____
 Attention: _____
 Phone: _____ Fax: _____
 Email*: _____

Shipping Address (if different from billing address)

School Name: _____
 School Address: _____
 City: _____ State: _____ Zip: _____
 Attention: _____
 Phone: _____ Fax: _____

*To track your order, please include your mail address.

Order Information

Item Number	Shirt Color*	Thread Color*	Item Name	Unit Price	Quantity	Publications Discount**	Total
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$
				\$			\$

*Custom Clothing Only

**Publications Only

Subtotal \$ _____

PA residents add 6% Sales Tax \$ _____

VA residents add 6% Sales Tax \$ _____

*Shipping & Handling \$ _____

Ship Method: Ground 2nd Day Overnight

TOTAL \$ _____

*If shipping and handling are not enclosed, you will be billed.

Custom clothing instructions (see page 12)

If you are including your school name on custom clothing, please enter it below.
 Enter no more than two lines of no more than 15 spaces each:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lettering/engraving instructions (charters and banners only)

For banners: provide school name. **For charters:** provide school name, chapter name, and the month, day, and year the charter was established. **Two lines, 26 characters per line:**

NOTE: See pages 20 and 22 for ordering instructions and shipping and handling information. Please review your order for accuracy. Inaccurate orders will not be processed and will be returned for correction by authorized school personnel.

Please remember: We cannot process your order if payment is not included with this order. If you fax your order, please don't mail a duplicate.

Send all NEHS orders with payment enclosed to:

**NATIONAL ELEMENTARY HONOR SOCIETY
 P.O. BOX 417939, BOSTON, MA 02241-7939**

Please send an additional catalog with my order.

Method of Payment

(Payment must accompany order.)

Check enclosed.

Make payable to NEHS/NASSP (NASSP FEIN #52-6006937).

Credit Card

Card Type: MasterCard Visa American Express
 Personal Business/School

Account Number: _____

CVC#: _____ Expiration Date: _____

Cardholder Signature: _____

Printed Name of Cardholder: _____

Cardholder Billing Address: _____
