NHS ORDER FORM

School Affiliation #: _____

Billing Name and Address

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Attention: _____

Phone: _____ Fax: _____

Email*: _____

Grade Levels in Your School: _____

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

Shipping Address (if different from billing address)

School Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Attention: _____

Phone: _____ Fax: _____

Order Information

Item Number	Shirt Color*	Thread/Ink Color*	Design**	Item	Unit Price	Quantity	Publications Discount***	Total

*Custom Color Clothing Only **Custom Clothing-Casual only ***Publications Only

Custom clothing instructions

Please see color chart for NHS on page 18-20 for custom clothing. 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.)

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See page 31 for shipping & handling.

Subtotal $ _____

PA residents add 6% sales tax $ _____

VA residents add 6% sales tax $ _____

Shipping & handling info $ _____

☐ Ground ☐ 2nd day ☐ Overnight

TOTAL $ _____

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

Lettering/engraving instructions

(banners, plaques, and charters only):

_____

_____

Two lines, 26 characters per line

NOTE: See previous page for ordering instructions. Please review your order for accuracy. Inaccurate orders will not be processed and will be returned for correction by authorized school personnel. Also, 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 NHS orders with payment enclosed to:

NHS

P.O. BOX 417939, Boston, MA 02241-7939

☐ Please send an additional *Resource Guide* in the mail with my order.

*Effective July 1, 2015, we no longer accept purchase orders.

Method of Payment*

(Payment must accompany order.)

☐ **Check (enclosed)**

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

☐ **Credit card**

Card Type: ☐ American Express ☐ MasterCard ☐ Visa

☐ Personal ☐ Business/School

Account Number: _____

CVC#: _____ Expiration Date: _____

Cardholder Signature: _____

Printed Name of Cardholder: _____

Cardholder Billing Address: _____

_____