

Journal Order Form

Opportunity Matters -- Vol. 1 2008

Quantity _____ @ \$25.00 each Total \$ _____

NAME _____

TITLE/PROJECT _____

E-MAIL _____

INSTITUTION/AGENCY _____

PHONE _____

FAX _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

A check is enclosed.

Please invoice me, a purchase order is attached. PO Number: _____

Please bill my:

AMEX

MasterCard

VISA

Discover

ACCOUNT NUMBER _____

EXPIRATION DATE _____

3-DIGIT SECURITY CODE _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE (REQUIRED) _____



PLEASE RETURN TO: The Council for Opportunity in Education
P.O. Box 90193, Washington, DC 20090-0193
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COE Tax ID # 52-1221301