

ORDER DATA SHEET

DATE OF ORDER _____

DATE OF EVENT(S) _____

ANTICIPATED ATTENDANCE _____

DATE NEEDED _____

NAME of DISTRICT or CONFERENCE _____

TYPE OF EVENT **Check one: Conference Event** _____ **District Event** _____

If event is a School of Christian Mission, please check whether it is sponsored by: _____ Cooperative School
_____ United Methodist Women

1. Be specific about the date and the address(es) where the consignment order is to be sent. Arrange to have a designated person receive the shipment, account for the number of boxes received, and secure the shipment until the event.
2. Original orders must be placed by fax or mail. Supplement orders are intended for ordering new items or items inadvertently left off the original order. When ordering supplement orders, please provide the **ORDER NUMBER** assigned to the original order. Supplement orders may be placed by **FAX 214-630-0079**.
3. **Consignment orders must be received by the Mission Resource Center four to six weeks prior to the date you want to receive them.** This policy helps us manage our inventory and returns in an efficient manner and enables us to plan our order flow to ship the majority of orders complete. If items are not available to ship with the consignment order, items will be sent if they arrive in time for your meeting. The Mission Resource Center pays shipping costs on consignment orders for Conferences and Districts, unless the orders are received within 14 days of the event. Within this time period, any expedited shipping expense required to meet the event date will be charged to the Conference/District account, and will be included as part of the final reconciliation of the account. This policy also applies to supplemental orders placed for the event.

If the address of your subsequent event(s) differs, please supply all addresses to insure delivery of back orders.

SHIP TO: _____

ATTENTION: _____
(Person to Receive the shipment)

ADDRESS _____
(Street address needed for UPS delivery)

CITY _____ STATE _____ ZIP+4 _____

EVENT SITE TELEPHONE NO. _____

ORDERED BY: _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

TELEPHONE NO. _____ E-Mail _____

BILL TO: NAME of TREASURER: _____

ADDRESS _____

CITY _____ STATE _____ ZIP+4 _____

TELEPHONE NO. _____ E-Mail _____

Send order to — Mission Resource Center, 1221 Profit Drive, Dallas, TX 75247-3919, FAX 214-630-0079