

## STUDY MATERIALS ORDER FORM

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| --- | --- |
| ORDER DATE |  |
| NAME |  |
| STREET ADDRESS |  |
| CITY, STATE, ZIP+4 |  |
| TEAM NAME |  |
| SECTOR / REGION |  |
| EMAIL ADDRESS |  |

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| QUANTITY | DESCRIPTION OF ITEM (INCLUDE LANGUAGE) | Date Needed |
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**All study materials will be sent in PDF format, unless otherwise unavailable.**

**PLEASE SUBMIT THIS COMPLETED FORM VIA EMAIL TO:** [**materials@teamsofourlady.org**](mailto:materials@teamsofourlady.org)

Shipping Address Line 1

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