

MAQS Slide Program Order Form

Please print or type

Please send the slide program to:

Name: _____

Organization: _____

Phone: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Indicate Showing Date: _____

Rental Fee (Shipping one way included)	\$35.00
Damage Deposit (refunded upon return of program)	50.00
Total	\$85.00

Bank Card (Visa, MasterCard, or Discover) Number: _____

Exp. Date: _____

Card Holder's Name: _____

Signature: _____

If you have any questions, please contact Carrie Cox at (270) 442-8856, ext. 33, e-mail ccox@quiltmuseum.org, or by fax: (270) 442-5448.

Mail to:
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