

Annual Missouri Teachers Mineral Education Workshop

Company/Organization: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Yes, I want to be part of the Annual Missouri Teachers Mineral Education Workshop:

Scholarship: I will contribute _____ (in multiples of \$250.00)

Door Prizes: I will contribute to be used as giveaways _____

Make checks payable to the tax exempt:

Missouri Mineral Education Foundation

Mail to:

Missouri Mineral Education Foundation

P.O. Box 1725

Jefferson City Mo. 65102

For additional information about the workshop please contact:

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