

## 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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