



## POWER Moves<sup>®</sup> Order Form

Item	Price	Quantity	Total
<b>Power Moves<sup>®</sup> Curriculum*</b>	\$60.00		
<b>Power Moves<sup>®</sup> Supplemental Kit</b> - Complete kit with all materials for Lessons 1-12 (*Curriculum is purchased separately)	\$345.00		
<i>Kit Contents May Be Purchased Separately:</i>			
<b>Lesson 1</b> <b>Poster: POWER Moves<sup>®</sup></b> Rocky Mountain Center (303) 239-6494	\$25.00		
<b>Question Box</b> Rocky Mountain Center (303) 239-6494	\$6.00		
<b>Video: "In Our Own Words"</b> Media Works (800) 600-5779	\$99.00		
<b>Lesson 3</b> <b>Video: "AIDS Update: The Latest Facts About HIV and AIDS"</b> Human Relations Media (800) 431-2050	\$100.00		
<b>Lesson 4</b> <b>Brochure: "Lifestyles<sup>®</sup> - How To Use A Condom"</b> (May be copied. Price is per pkg. of 50)	\$7.00		
<b>Video: "Public Service Announcement"</b> (May be copied) Rocky Mountain Center (303) 239-6494	\$11.00		
<b>Condom Game Card Set (19)</b> Rocky Mountain Center (303) 239-6494	\$40.00		
<b>Lesson 6</b> <b>Poster: Taking Charge</b> Rocky Mountain Center (303) 239-6494	\$25.00		
<b>Lesson 7</b> <b>Skills Practice Cards (4)</b> Rocky Mountain Center (303) 239-6494	\$25.00		
<b>Lesson 12</b> <b>Pamphlet: "No!"</b> (Price is per pkg. of 25) Private Line 847 251-5893	\$25.00		

Please make check or money order payable to:

**Rocky Mountain Center for Health Promotion and Education**  
 Mail order form and check or fax with purchase order number to:  
 Paula Roseboom at the above address or fax number  
 If you require additional information on POWER Moves<sup>®</sup> products  
 or trainings, contact Paula Roseboom at (303) 239-6976, ext. 119.  
**Please allow 30 days for shipping.**

SUBTOTAL  
 Shipping & Handling  
 (10% of Subtotal)

**TOTAL AMOUNT DUE**

### SHIPPING INFORMATION

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Daytime Phone: (    ) \_\_\_\_\_  
 Fax: (    ) \_\_\_\_\_  
 Payment Enclosed or Purchase Order # \_\_\_\_\_

### BILLING INFORMATION (if different from shipping)

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Daytime Phone: (    ) \_\_\_\_\_  
 Fax: (    ) \_\_\_\_\_

**For RMC Use Only**

Date Order Received: \_\_\_\_\_

Date Order Shipped: \_\_\_\_\_