

MATERIALS REQUEST FORM

Please print clearly

Class Type: ___ SmartStaff ___ Super Service ___ BEST

Class Date: _____ Name of Facility: _____

Instructor: _____ # of Students _____

Mail Materials to:

Address: _____

City/State/ZIP _____

Phone # _____ Fax _____

Payment Information

*(\$15.00 per student for BEST,
\$75 per class for Super Service and Smart Staff.)*

Check enclosed

Charge my VISA MasterCard Amex Discover

In the amount of \$ _____ *(make checks payable to MHEF)*

Name as it appears on Card

Card Number _____ Expiration date _____

Signature _____ CSV Code _____

Materials will be sent upon receipt of payment to the address listed above. Please allow 2 weeks for delivery.

Please mail or fax this form to:

MHEF

6301 Hillside Ct.

Columbia, MD 21046

Phone Number 800-874-1313

Fax Number 410-290-6882



**Maryland Hospitality
Education Foundation**