2016-17
IOWA HIGH SCHOOL SPEECH ASSOCIATION
VISUAL AIDS ORDER FORM

SCHOOL_____

SHIP TO ATTN:_____

ADDRESS_____
(Street) (City) (State) (Zip)

PLEASE USE THIS AS YOUR INVOICE

PLEASE RETURN TAPES WITHIN TWO WEEKS

2015 (4 DVD set - $15.00)

_____ DVD #1 Acting, Storytelling, Improv, Solo Musical Theatre
DVD #2 After Dinner, Expository Address
DVD #3 Lit Program, Poetry, Public Address
DVD #4 Original Oratory, After Dinner, Prose

2016 (4 DVD set - $15.00)

_____ DVD #1 Prose, Poetry,
DVD #2 After Dinner, Expository Address
DVD #3 Prose, Poetry, Storytelling
DVD #4 Original Oratory, Radio Newscasting, Literary Program

2017 (4 DVD set - $15.00)

_____ DVD #1 Prose, Poetry,and Literary Program
DVD #2 Original Oratory, After Dinner, Prose
DVD #3 Public Address, OO, Spontaneous Speaking
DVD #4 Acting, Storytelling, Improv, Solo Musical Theatre

____Set of Tapes (RENTAL FEE) **$ ____**

POSTAGE **$10.00**

TOTAL $ _____

Signature _____

Please make check payable to: **IOWA HIGH SCHOOL SPEECH ASSOCIATION**
5000 WESTOWN PKWY, STE 150
WEST DES MOINES, IOWA 50266