

# 2018-2019

## Personal Account Management

**Gospel Publishers**

**PO Box 230, Moundridge, Kansas 67107**

**Ph. 620-345-2532 – Fax 620-345-2582 or 2538**

**E-mail: [orders@gospelpublishers.com](mailto:orders@gospelpublishers.com)**

- Gospel Publishers is now handling the billing and distribution of Personal Account Management (PAM).
- Billing and shipping questions should be directed to Gospel Publishers.
- Questions about the PAM course should be directed to Calvin Salsbury at 620-846-2547 or [kalvins@ucom.net](mailto:kalvins@ucom.net)
- PAM orders will be invoiced and shipped separately from your main school order.
- Your student materials should ship in August. PAM is set up to begin October 1.

School name \_\_\_\_\_

Treasurer or billing address \_\_\_\_\_

\_\_\_\_\_

Summertime shipping address \_\_\_\_\_

\_\_\_\_\_

**Contact in case of Questions:**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Quan	Item	Title	Price
14220	Personal Account Management, Student Packet		\$23.50

PAM orders must include the attached student information page.

**Student Information (please complete for each student enrolled in Personal Account Management)**

School name \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_