

CONTACT INFORMATION



Please check the corresponding boxes below for the information you would like to receive from AIM for the Handicapped, Inc.:

I would like to know more about:

- AIM Workshops
- AIM in my classroom
- AIM in nursing homes
- AIM memberships
- Special Events
- Other: _____

- I am a:
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Activity Director |
| <input type="checkbox"/> Other: _____ | |

Name _____

Email Address _____

School / Other Business _____

Street Address _____

City _____ ST _____ Zip _____

Phone () _____ Fax () _____

ADVENTURES IN MOVEMENT FOR THE HANDICAPPED, INC.

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