

Polo Shirt Order Form
Hawaii Association of Diabetes Educators

Name _____

Sizes available: S, M, L, XL. Each Polo shirt is \$20.00.

Size _____ Quantity _____

Size _____ Quantity _____

Total amount: _____

Mail to:

Address _____

Contact Phone _____

Email _____

Please send payment and completed form to:
Hawaii Association of Diabetes Educators
P.O. Box 300
Honolulu, HI 96809

Make check payable to Hawaii ADE.

If you have any questions please contact:

Sheryl Raneses
(808) 221-2259
sherylranees@hotmail.com