



ARE YOU READY?™

100 Years of Family, Friends, and Food



*The Department of Nutrition and Hospitality Management
The University of Mississippi*



ARE YOU READY?TM

Order Form

For the past 100 Years, the Department of Nutrition and Hospitality Management, formerly Department of Home Economics and Department of Family and Consumer Sciences respectively, at the University of Mississippi has brought you lasting memories with growing and nurturing families and ever-lasting friendships while gathered around great food. With the department's first cookbook, *Rebel Recipes*, a success and this year marking the centennial celebration, the second cookbook, *Are You Ready?*TM, is set to hit kitchens across the nation in early September 2013.

Order now and reserve your copies!

Entrées • Appetizers • Beverages • Breads • Desserts • Soups, Salads, and Sandwiches • Vegetables

Copies of *Are You Ready?*TM are \$35 each
(with an additional \$8 shipping and handling per each cookbook)

Total Copies of *Are You Ready?*TM purchasing _____

Total Payment (=\$35.00+\$8.00 per book ordered, for s/h) \$ _____

Payment Method: ☐ Check ☐ Money Order ☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX

(Please check corresponding box.)

Please make Checks and Money Orders made payable to *The University of Mississippi Foundation*

Mailing Address and Contact Information:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Telephone: (____) _____

☐ Residential Address ☐ Business Address

Email: _____

(for confirmation of received order form and used when cookbooks have been mailed)

Please return this form to the Department of Nutrition and Hospitality Management via email (nhm@olemiss.edu), fax (662.915.7039), or mail (*Are You Ready?*; Department of Nutrition and Hospitality Management; 108 Lenoir Hall; Sorority Row; University, MS 38677).

Credit Card Information, if payment type chosen:

Name: _____

(as appears on card)

Address: _____

(as for card registration)

City: _____ State: _____ Zip: _____

(as for card registration)

Card #: _____

Exp. Date: _____ CVV# _____

Signature: _____

Credit Card Payments will not be processed without a signature.

(By signing this form, you authorize the University of Mississippi Foundation to charge your credit card for the amount listed adjacent to the "Total Payment" as stated above.)

For questions, please contact the Department of Nutrition and Hospitality Management at 662.915.7371

Office Use: Date Received _____ By _____ Emailed _____ Payment Processed _____ Book(s) Mailed _____ Emailed _____

Finalized _____