

1. SCHOOL INFORMATION:

School Name _____ Business Phone _____

School Address _____ City _____ State _____ Zip _____

2. PRICING INFORMATION - (10-149 students):

<input type="checkbox"/>	Print (+ Digital) \$1.29	Total # of Students* <small>*Minimum of 6 students</small>	Total # of Weeks* <small>*Minimum of 6 weeks</small>	Total Cost* <small>*1.29 x # students x # weeks =</small>
<input type="checkbox"/>	DIGITAL ONLY \$1.29	Total # of Students for Digital* <small>*Minimum of 6 students</small>	Total # of Weeks* <small>*Minimum of 6 weeks</small>	Total Cost* <small>*1.29 x # students x # weeks =</small>

Prices given per student/copy. For orders of 150+ students please contact customer service at 1-866-342-8493.

3. ORDER INFORMATION:

Teacher #1

Number of Students: _____ (minimum 6 copies)

Teacher Name: _____

Teacher Email Address: _____

Grade Level: 4 5 6 7 8

Teacher #2

Number of Students: _____ (minimum 6 copies)

Teacher Name: _____

Teacher Email Address: _____

Grade Level: 4 5 6 7 8

4. BILLING & PAYMENT INFORMATION:

School Name: _____	BILLING INFORMATION
School Address: _____	Contact: _____
City: _____ State: _____ Zip: _____	Address: _____
Contact Person for Order: _____	City: _____ State: _____ Zip: _____
Business Phone: _____	
Payment Options:	Charge:
<input type="checkbox"/> Bill Me	<input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
<input type="checkbox"/> Billing Office	Acct #: _____ Exp. Date: _____
<input type="checkbox"/> Payment Enclosed	Total Amount Due: _____
	Signature: _____

TWJEP25

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