

Please tell us how you heard about these resources!				
Meeting	Flyer			
Training	Other – Please Specify			
Catalog				

	ВП	LLING INFORMATION		
District		School		
Attention	E-mail	Teleph	Telephone Fax	
Billing Address				
City	State		Zip Code	
-	M	ETHOD OF DAVMENT		
Purchase Order #	Amount \$	ETHOD OF PAYMENT  Check	# Amount \$	
MasterCard VISA Credit Card #				
		T. I. I.		
Cardholder Name (as it	appears on the card)			
	SHIPPING INI	FORMATION (if different from billin	ng)	
School				
Attention	E-mail Telephone Fax			
Shipping Address				
City		State	Zip Code	
AUTHODIZED DV			DATE	
AUTHORIZED BY	Signat	ure and Title	DATE:	
PRODUCT ID	DESCRIPTI	ON	UNIT PRICE QTY	AMOUNT
			Promotion Code or	
		Gift Certificate Number: Subtotal:		
	Please provid	e Tax Exempt ID for District or Campus	Tax Exempt ID Number:	
$\overline{\it OR}$ Please include 8.25% of subtotal if purchased by an individual and not Campus or District		Add Tax 8.25% (individual not eampus or district)		
2% shipping charge on all orders placed within continental U.S.		*Shipping Charges:		
Expedited shipping or orders placed outside continental U.S. will be billed to customer.  All products must be returned within 90 days of purchase. A restocking fee of 15% of the total cost of the items returned will be applied.			TOTAL	