

DATE

Subscription Order Form

MAIL ORDER TO:

| | | | SHIP TO: | EDUCATOR'S NAME MI | JST APPEAR HERE |
|--|-----------------------|-------------|--|--------------------|-----------------|
| AREA CODE TELEPHONE NO. EMAIL ADDRESS | | | YOUR P.O. # (IF REQUIRED) EMAIL ADDRESS | | |
| NO. OF SUBS. | TERM | TITLE | START DATE | UNIT PRICE | EXTENDED PRICE |
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PLEASE PRINT NAME

AUTHORIZED SIGNATURE