



K-12 CLASS SET ORDER FORM

**Fax forms to:
(617) 450-2500**

Teacher: _____
 School: _____
 Dept./Class: _____
 Sch. Address: _____
 City/State/Zip: _____
 E-Mail: _____
 Phone: _____ Fax: _____

PLEASE PRINT CLEARLY
USING BLACK OR BLUE INK.
(Do NOT use pencil or red ink.)

QUESTIONS? CALL
1 (800) 217-4966

#Copies: _____ #Weeks: _____ Days: M T W Th F (circle)
 Start Date: _____ End Date: _____
 School Purchase Order #: _____

BILLING ADDRESS:
(if different from above)

Name: _____
 Address: _____
 City/State/Zip: _____

Are there any school-closing weeks you do not want the paper sent? Please list below:

HERE'S HOW TO ORDER:

Complete this form and fax it to **(617) 450-2500:**

of Copies: Indicate the number of student copies you want each day. (Minimum: five). We'll add a free "Teacher's Copy" to each order. (Do not include teacher's copy in your count.)

of Weeks: Minimum is 10 weeks. Maximum is 39 weeks.

Days of the Week: Circle the day or days you want. We publish Monday through Friday.

Start Date: You can order at any time, but please give us at least 10 days advance notice.

Payment: Send no money now. We will invoice your school 40 cents for each student copy. There is no charge for the teacher's copy or for the online services. Local sales tax will be added, where applicable.

QUESTIONS? Call Customer Service at **1 (800) 217-4966**

Please do not write in this space.

Bookmark **T#** _____ **B** Route Revised Start Date
 (If necessary)

Date Confirmed: _____ Carrier

Draw Date Returned to Educ. Mktg. _____