

SHIP TO:

| | | |
|----------------------|----------------|----------------------------------|
| Name _____ | | Email Address ¹ _____ |
| School _____ | | |
| School Address _____ | | |
| City _____ | State _____ | Zip _____ |
| Title _____ | Grade(s) _____ | Teaching Since _____ |

BILL TO (if different):

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|-----------------|-------------|-----------|
| Name _____ | | |
| Address _____ | | |
| City _____ | State _____ | Zip _____ |
| Telephone _____ | | |

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Mention Source Code: PGM

Or fax to:

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Or mail to:

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PAYMENT METHOD:

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Credit Card # _____

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| PGM503899 | ReadAbout: Content Area Libraries A and B | | \$650.00 | |
| | | | Subtotal | \$ |
| | | | 9% Shipping/Handling; \$2.25 minimum charge + | |
| | | | Sales Tax* (if applicable) | \$ |
| | | | Total | \$ |

* Our terms are FOB (Freight On Board) shipping point unless otherwise noted on the purchase order.

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