



Weston Woods Fall 2010 Catalog Order Form — It's Easy to Order!



CALL TOLL-FREE
1-800-243-5020 • 1-203-845-0197
 MONDAY THROUGH FRIDAY BETWEEN
 8:30 A.M. AND 5:00 P.M. EST



FAX YOUR ORDER FORM
 OR PURCHASE ORDER TO:
1-203-845-0498



MAIL YOUR ORDER FORM
 OR PURCHASE ORDER TO:
WESTON WOODS
143 MAIN STREET
NORWALK, CT 06851



ON-LINE ORDERING
WWW.SCHOLASTIC.COM/WESTONWOODS

**Improved
Credit Card
Ordering
On-Line
Master Card
Visa**

ITEM #	TITLE	QUANTITY	UNIT PRICE	TOTAL
D				
D				
D				
D				
D				
D				
D				
D				
D				
D				
D				
D				

NOTE: Book/CD package elements (book/CD/poly bag) are not collated.
 If you prefer to receive your packages collated or without the poly bag,
 please check here:

☐ Book & CD only (No Poly Bag) ☐ Book and CD Inside Poly Bag (Collated)



☐ Check here for a free copy of
 our 2010/2011 Audio
 Recordings Catalog (RA1011) or
 email questions@scholastic.com.

Minimum \$15.00 charge
 for all cataloging. If
 ordering card kits and/or
 automation kits, cataloging
 order form **MUST** be
 attached to the order
 before your order can be
 processed.

All kits shipped separately.



TOTAL _____
LESS DISCOUNT (See page 3 for details) _____

CATALOGING TOTAL _____

SUBTOTAL _____

SHIPPING & HANDLING TOTAL _____

FREE SHIPPING on orders over \$100
 9% of total order under \$100/ \$6 minimum

AZ, CA, NC, WA please add sales tax _____

ORDER TOTAL _____

BILL TO:

☐ MR. ☐ MRS. ☐ MS.

NAME/TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE (DAY) Required _____

EMAIL ADDRESS: _____

☐ Yes, please include me in your VIP Group so I can receive early notice about new releases

SHIP TO:

☐ MR. ☐ MRS. ☐ MS.

NAME/TITLE _____

ORGANIZATION _____

ADDRESS (No P.O. Boxes) _____

CITY/STATE/ZIP _____

TELEPHONE (DAY) Required _____

EMAIL ADDRESS: _____

☐ Yes, please include me in your VIP Group so I can receive early notice about new releases

PAYMENT: ☐ **CHECK (MAKE CHECKS PAYABLE TO WESTON WOODS)**

☐ **MASTER CARD** ☐ **VISA**

☐ **AMERICAN EXPRESS** ☐ **DISCOVER**

P.O. _____
 (INSTITUTIONS ONLY)

CARD #: _____ - _____ - _____ - _____

EXP. DATE: _____ / _____

NAME ON CARD: _____