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 School/District: _____
 Number of Schools in District: _____
 Street Address: _____
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 Telephone: _____
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 Email: _____
 Web Site Address: _____

SHIPPING INFORMATION

Ship Attention: _____
 Position: _____
 Curriculum Contact Person: _____
 School/District: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____
 Fax: _____
 Email: _____
 Web Site Address: _____

* When licensing multiple schools, please provide a complete list of ALL the participating schools. For each school, please include: school name, address, contact person, phone number and email address.

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