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City:	State/Province:
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Phone: ()	
Email Address:	
Position: O Pre-service Teacher	
Grade Levels You Plan to Teach (ch	eck all that apply): \bigcirc 5-8 \bigcirc 9-12
Graduation Year: OFall OSpring	Summer ○2015 ○2016 ○2017 ○2018 ○2019
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Payment Worksheet Calculate the total cost of your order Price of the product(s) you selected	er: I: \$ + \$ + \$
The of the product(s) you selected	·· · · · · · · · · · · · · · · · · · ·
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the Professor Verification Form with your Discount Order Form. Make a copy of the completed forms for your records. Allow up to four weeks for delivery.

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ATTN: Pre-service Teacher Discount Program
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