

P.O. Box 16190
Rocky River, OH 44116
info@ClassroomWebSolutions.com

Fax Order To: 1-440-617-1403

Date: _____

Bill To (accounting):	Ship To (school):
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Principal Name:	Contact Name:
Principal Email:	Contact Email:

Start Date	Qty. of Accounts Needed (REQUIRED INFO)	Credit Card # & Exp. Date. or Purchase Order #

QTY.	DESCRIPTION	UNIT PRICE	AMOUNT
	12-month Individual Membership(s)	\$29.95	\$
How did you hear about www.ClassroomWebSolutions.com?			
		Sales Tax	N/A
		S & H	N/A
Make all checks payable to: ClassroomWebSolutions		TOTAL DUE	\$

Please email Site License Membership information to the email address below (required info):

I would like more information about receiving a 20-minute training for my staff. YES NO

For questions regarding your order:

Sales Support: 1-800-890-READ (7323)
info@ClassroomWebSolutions.com

Technical Support:
cwsSupport@ClassroomWebSolutions.com

Accounting:
customerservice@ClassroomWebSolutions.com



We appreciate your business!