



JOURNAL ZONE CLASS OPTION ORDER FORM

Purchase Order No.:

Date:

Bill To:

Ship To:

	Contact Name	
	E-mail	
	School Name	
	District Name	
	Address	
	City, State	
	Zip, Country	
	Phone	
	Fax	

Journal Zone Administrator

Name _____
 E-mail _____
 Phone _____
 Fax _____

Shipping Method: UPS Ground or Rush Shipment (FedEx Overnight)

Payment Method: Credit Card

Credit Card Information: Visa M/C AMX Discover
 Card No.:

Expiry Date: Cardholders Name:

Language	# of Classes (max of 36 users per class)	Price (\$199)	Amount
<i>English</i>			
<i>French</i>			
<i>Spanish</i>			
