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| <u>Primary Contact Person Information</u> |
| Name: |
| Phone: |
| E-Mail: |
| <u>School/Group Information</u> |
| Group Name: |
| Teacher Name (s): |
| Teacher Phone: |
| Teacher E-Mail: |
| Grade Level (s): |
| Number of students (max 30 per session) |
| Any Special Needs: |
| |
| <u>Program Information:</u> |
| Please indicate your program of choice : |
| Date of program (1 st choice) |
| Date of program (2 nd choice) |
| Date & time of test connection: (Please pick a Monday for test if possible) |
| Your time zone: |
| |
| <u>Technical Information:</u> |
| Technical Support Name: |
| E-mail Address: |
| Phone: |
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| <u>Type of Connection:</u> |
| IP or ISDN (Needs a bridge) |
| Phone number during conference: |
| Other questions or comments: |
| |
| <u>Billing Information:</u> |
| Billing Contact: |
| Billing Address: |
| Billing Phone: |
| Billing Fax: |
| Billing E-Mail: |
| |
| <u>Kit Shipping Information:</u> |
| Name: |
| Address: |
| Phone: |
| E-Mail: |