EPS® *Experts in Intervention for Over 50 Years*

Source Code **W9F**

Four Easy Ways to Order! 24 hours/day, 7 days/week

Order by Telephone **800.225.5750**
Please have credit card and order information ready.

Order by Fax **888.440.2665**
If you fax your order, please don't mail it.

Order Online **www.epsbooks.com**

Order by Mail
EDUCATORS PUBLISHING SERVICE
Attn: Customer Service
PO Box 9031
Cambridge, MA 02139-9031

Billing Address (Check one: ❑ School ❑ Home ❑ New Address)

Name

Title/Position

School Name

Address

City

State/Province Zip/Postal Code

Daytime Telephone

E-mail

Shipping Address ❑ Same as Billing

Name

Title/Position

School Name

Address

City

State/Province Zip/Postal Code

Daytime Telephone

E-mail

We may exchange your name and mailing address with carefully selected companies that offer educational products that might interest you. To opt out of receiving third-party promotional materials at your mailing address, please check this box: ❑

We will not share your e-mail address or telephone number with third-party companies. For more information, please view our Privacy Policy online at www.epsbooks.com/privacy.

QUANTITY	ITEM NUMBER	TITLE	UNIT PRICE	PRICE

Method of payment (please check box below)

❑ Check enclosed

❑ Invoice (schools only) P.O.# _____

❑ Visa ❑ MasterCard ❑ Amex ❑ Discover Expiration Date: _____

Card Number CVC#

Signature

Please check one:

❑ Administrator
❑ Classroom Teacher
❑ Reading Specialist
❑ Special Education Teacher
❑ Tutor ❑ Homeschool
❑ Parent ❑ Doctor
❑ Other _____

Subtotal	
Sales Tax/GST*	
Transportation and handling 10% or $6.00 if under $60.00	
Total	

* All customers must add applicable sales tax. Exempt customers must provide an exemption certificate. Prices subject to change without notice. Prices shown in US currency. Payable in US funds only.

TECHNOLOGY ORDERS: Please provide the information below for account activation.

EXPLODE THE CODE ONLINE: Account administrator responsible for setting up teacher and student accounts.

Name: _____ **Daytime Phone:** _____ **E-mail:** _____

TEST GENERATOR: Teacher/account administrator responsible for setting up teacher accounts.

Name: _____ **Daytime Phone:** _____ **E-mail:** _____