

<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:
<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: