

# **CATCHUP MATH**

## **Order Form**

**Please fill out and submit this form with your Purchase Order, Check, or Credit Card info to:**

Hotmath, Inc. 18 Sunset Drive Kensington, CA 94707

Fax: 510-372-2756 | email: [cgrant@hotmath.com](mailto:cgrant@hotmath.com) | Phone: 510-524-5525

**School, School District, or College (if this is a multi-school order, please also complete page 2)**

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purchase order number (if applicable): \_\_\_\_\_ Login Name (if renewal): \_\_\_\_\_

### **Primary Teacher/Administrator**

(Delivery and training will be arranged with this person via email/telephone)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate contact: \_\_\_\_\_

**For pricing, refer to your proposal or the online price list (<http://catchupmath.com/cm-price-list.html>)**

Number of students \_\_\_\_\_ times the per-student rate of \$ \_\_\_\_\_: \$ \_\_\_\_\_ (minimum \$950)

Licenses dates: \_\_\_\_\_

No. of schools (district orders only) \_\_\_\_\_ times \$250 (please complete page 2): \$ \_\_\_\_\_

Number of PD days \_\_\_\_\_ times \$1,500: \$ \_\_\_\_\_ (plus t/e)\*

\*Note: Price for PD **does not** include trainer's travel expenses, which will be billed separately at actual cost.

**TOTAL ORDER: \$ \_\_\_\_\_**

Please tell us how you heard of Catchup Math: \_\_\_\_\_

Catchup Math licenses and professional development are non-taxable and there are no shipping charges.  
The Federal Tax ID# for Hotmath, Inc. is 68-0454088 and we are not subject to backup withholding.

# Catchup Math Multiple Site Information Page

Duplicate this page as needed for additional schools

Enter First School in this Column:

Enter Second School in this Column:

**Site Information:**

School Name

Address

City/State/Zip

No. of Licenses

Existing Login Name (if applicable)

**School Level Primary Contact Info:**

Name

Title

Phone

E-Mail

**Other School Level Contact (optional):**

Name

Title

Phone

E-Mail

**Site Information:**

School Name

Address

City/State/Zip

No. of Licenses

Existing Login Name (if applicable)

**School Level Primary Contact Info:**

Name

Title

Phone

E-Mail

**Other School Level Contact (optional):**

Name

Title

Phone

Email