# **CATCHUP MATH**

#### **Order Form**

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

Hotmath, Inc. 18 Sun	nset Drive Kensington, CA 94707	
Fax: 510-372-2756   email: cgra	rant@hotmath.com   Phone: 510-524-5525	
School, Sch	hool District, or College	
Institution:		
Address:		
	State: Zip Code:	
Purchase order number (if applicable):	Login Name (if renewal):	
Primary Ins	structor/Administrator	
(Delivery and training will be arra	ranged with this person via email/telephone)	
Name:	Title:	
Email address:	Phone:	
Alternate contact:		
For pricing, refer to your proposal or the online p	price list	
Number of Students, Number of years,	License Fee: \$	
License start date:		
No. of additional schools (district orders) ti	imes \$250 \$	
Number of PD days times \$1,500:	\$(pl	lus t/e)*
*Note: Price for PD does not include trainer's travel	el 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:	Site Information:
School Name	School Name
Address	Address
City/State/Zip	City/State/Zip
No. of Licenses	No. of Licenses
Existing Login Name (if applicable)	Existing Login Name (if applicable)
School Level Primary Contact Info:	School Level Primary Contact Info:
Name	Name
Title	Title
Phone	Phone
E-Mail	E-Mail
Other School Level Contact (optional):	Other School Level Contact (optional):
Name	Name
Title	Title
Phone	Phone
E-Mail	Email