

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 | 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.

Number of Catchup Math *Plus* students _____ times \$299: \$ _____

(If ordering Catchup Math *Plus*, please complete page 3)

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)

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

School Level Primary Contact Info:

Name

Title

Phone

E-Mail

Other School Level Contact (optional):

Name

Title

Phone

E-Mail

Other School Level Contact (optional):

Name

Title

Phone

Email

CATCHUP MATH *Plus* Individual Student Enrollment

School contact (if different than page 1). For sending course-completion notice(s), discussing final exam requirements, etc.

Name: _____ Title: _____

Email address: _____ Phone: _____

Alternate contact _____

☐ Check here to request that we contract with and compensate your teacher(s) listed here as Catchup Math *Plus* Teacher-facilitator(s):

Teacher Name: _____ Email: _____

Teacher Name: _____ Email: _____

Teacher Name: _____ Email: _____

Number of pre-paid student enrollments to be designated later: _____

Students to be enrolled immediately (duplicate this page as needed):

Student Name: _____ Phone: _____

Email: _____ Alternate email: _____

Parent Name: _____ Phone: _____

Email: _____ Alternate email: _____

Course name: _____

Check one: ☐ Send completion report only ☐ Assign Pass/Not Pass ☐ Assign Letter Grade

Student Name: _____ Phone: _____

Email: _____ Alternate email: _____

Parent Name: _____ Phone: _____

Email: _____ Alternate email: _____

Course name: _____

Check one: ☐ Send completion report only ☐ Assign Pass/Not Pass ☐ Assign Letter Grade

Student Name: _____ Phone: _____

Email: _____ Alternate email: _____

Parent Name: _____ Phone: _____

Email: _____ Alternate email: _____

Course name: _____

Check one: ☐ Send completion report only ☐ Assign Pass/Not Pass ☐ Assign Letter Grade