

CATCHUP MATH

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

Hotmath, Inc,
18 Sunset Drive
Kensington, CA 94707

Phone: 510-524-5525 FAX: 510-372-2756 email: cgrant@hotmath.com

School, district, or college

Name: _____

City: _____ State: _____ Zip Code: _____

Purchase order number (if applicable): _____

Primary teacher/administrator

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

Name: _____

Title: _____ Phone: _____

Email address: _____

Alternate contact name: _____

Refer to CATCHUP MATH School/District/College Price List

Number of schools (district orders only) ____ times \$250:	\$ _____	
Number of students _____ times the per-student rate:	\$ _____	(minimum \$950)
Number of PD and DI sessions ____ times \$1500:	\$ _____	
Number of Catchup Math <i>Plus!</i> students _____ times \$299:	\$ _____	
TOTAL ORDER:	\$ _____	

Please tell us how you heard about 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 *Plus!*

Individual Student Enrollment

School contact (if different than page 1) for sending course-completion notice(s), discussing final exam requirements, and any other communications:

Name: _____
Title: _____ Phone: _____
Email address: _____
Alternate contact name: _____

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

☐ 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 address: _____
Teacher Name: _____ Email address: _____
Teacher Name: _____ Email address: _____

Students to be enrolled immediately:

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