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: _____ 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: 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: \$

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.

Please tell us how you heard of Catchup Math: ______

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	

CATCHUP MATH Plus Individual Student Enrollment

Name:	Title:	
Email address:	Phone:	
Alternate contact		
[] Check here to request that we co	ontract with and compensate your teacher(s) listed here as Catchup Math P_{i}	<i>lus</i> Teacher-facilitator(s):
Teacher Name:	Email:	
Teacher Name:	Email:	
Teacher Name:	Email:	
Number of pre-paid student	t enrollments to be designated later:	
Students to be enrolled imm	nediately (duplicate this page as needed):	
Student Name:	Phone:	
Email:	Alternate email:	
Parent Name:	Phone:	
Email:	Alternate email:	
Course name:		
	eport only [] Assign Pass/Not Pass [] Assign Letter Grade rial already mastered: [] Yes [] No	
Student Name:	Phone:	
Email:	Alternate email:	
Parent Name:	Phone:	
Email:	Alternate email:	
Course name:		
	eport only [] Assign Pass/Not Pass [] Assign Letter Grade rial already mastered: [] Yes [] No	
Student Name:	Phone:	
Email:	Alternate email:	
Parent Name:	Phone:	
	Alternate email:	
Check one: [] Send completion re	eport only [] Assign Pass/Not Pass [] Assign Letter Grade rial already mastered: [] Yes [] No	