

Renewal for Individual Teacher Subscription

Teacher's Name: _____
Name of School: _____
School Address: _____
City: _____ State: _____ Zip code: _____
Phone number: _____ Fax: _____
Grade Level: _____ Number of Students: _____

Individual Teacher Subscription: \$20 for 12 months

Teacher's E-mail Address: _____
(You will receive an e-mail at this address confirming your subscription, including your User ID and Password.)

Log-in information You may keep your current User ID and Password OR you may request a different ID and Password. Please check the boxes below to indicate if your Log-in information remains the same or changes.

Log-in User ID: _____ (case sensitive) ☐ current ☐ new
Log-in Password: _____ (case sensitive) ☐ current ☐ new

☐ **Mastercard** ☐ **Visa**

Credit card number: _____

Expiration month: ____ year: ____ Security digits: ____

Name on Card _____

Signature: _____

Credit card BILLING address:

Street address _____

City _____ State _____ Zip _____

☐ **I have read the following terms and accept them:**

An Individual Teacher Subscription provides access (classroom and/or computer lab) for **one** teacher and **one** class in **one** school during normal school hours. The activation time is **8:00 a.m. to 5:00 p.m.**, your local time, **Monday through Friday**, for 12 months. The User ID and Password may be shared with one class of students. If requested, the activation time may be adjusted to meet the needs of your classroom.

Signature: _____ Date: _____

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