

## Individual Teacher Subscription \$20

An Individual Teacher Subscription provides access (classroom and/or computer lab) for **one teacher** and **one class** in **one school building** 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 Username 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.

☐ New

☐ Renewal

Name of **School**: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

**Teacher's** Full Name: \_\_\_\_\_

Teacher's email Address: \_\_\_\_\_

(The teacher will receive an email at this address confirming the subscription, including your class's Username and Password.)

Grade Level: \_\_\_\_\_ Number of students in your classroom: \_\_\_\_\_

**Classroom Log-in information** (Username and Password: a minimum of 3 letters or a combination of 3 letters/numbers.)

Preferred Log-in Username: \_\_\_\_\_ (case sensitive)

Preferred Log-in Password: \_\_\_\_\_ (case sensitive)

**Purchase Order Number** \_\_\_\_\_ **OR** \_\_\_\_\_ **Prepay by check** **OR** \_\_\_\_\_ **Mastercard** \_\_\_\_\_ **Visa**

**If credit card:** Credit card number: \_\_\_\_\_

Expiration month: \_\_\_\_\_ year: \_\_\_\_\_ Security digits: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Is the card's BILLING address the same as the school address? \_\_\_\_\_ yes \_\_\_\_\_ no

If not: Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

▶ Name of the person filling out this form: \_\_\_\_\_

Date: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

email this form to Sandra Morgan: [smorgan@facts4me.com](mailto:smorgan@facts4me.com)

fax this form to: 630-515-0054

Mail this form to: **Facts4Me, Inc. • 720 Vandustrial Drive • Westmont, IL 60559**

Call with questions or comments: 800-515-0087