

DIGITAL OVERDRIVE *interactive*

DETAILS

School Name: _____

School Address: _____

School Phone: _____

Teacher Name: _____

Teacher e-mail (important): _____

PAYMENT

_____ **year(s) x \$249**

INVOICE THE SCHOOL

CREDIT CARD

PURCHASE ORDER

Name on Card: _____

Card #: _____

Send invoice to:

Expiry Date: _____

CCV: _____

SUBMIT

Email this form or call to place your order with our distributor:

The Learning Tree Educational Store

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Phone: (905) 319-2690 Email: info@learningtreecanada.com