

-----Order Form-----

(Please print this form, fill it out, and mail it with your payment to complete your order.)

Make Checks or Money Orders Payable to: Joe Tompkins

Send this completed form with payment to:

Joe Tompkins
130 Wintergreen Ct
Covington, GA 30016

Your Name _____

-or-

School Name _____

Email Address (to receive registration code via Email-- Allow 2 weeks for reply):

Mailing Address (to receive registration code via postal mail-- allow 5 weeks for reply)

-United States Addresses ONLY-- All others will receive code via email-

Street: _____

City _____ State _____ Zip _____

Please indicate the product(s) you wish to register below:

| Product: | Quantity | Unit Price | Total |
|----------------------------|----------|--------------|-------|
| Vocab-Flash (Single User) | | \$10.00 (US) | |
| Vocab-Flash (Site License) | | \$50.00 (US) | |
| StoryMaker (Single User) | | \$10.00 (US) | |
| StoryMaker (Site License) | | \$50.00 (US) | |

Total Enclosed: