

REVIEW COPY REQUEST FORM



• NAME

Title _____

School _____

Department _____

Address _____

City _____

State _____

Zip _____

Fax (optional) _____

Phone _____

E-mail _____

COURSE #1 INFORMATION

TERM (educators may select multiple terms)

- Summer Fall
 Winter Spring

Decision Date _____

Est. Enrollment _____

Text in Use _____

Best Time to Contact (optional) _____

QTY.	TEXTBOOK TITLE	Adopted
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
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		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no

FAX FORM TO: 859.283.4479 ATTN: Alice

Call Alice Everett with questions at 1-800-543-0874 x2207 or email: aeverett@sbmedia.com