

Special Request Form

Use This Form Only For Special Requests (Optional)

School Code

IF YOU DON'T SEE WHAT YOUR SCHOOL NEEDS IN THE CATALOG

In the space provided below, describe the item(s) you would like to earn. Please be as detailed as possible. We will source the item from our suppliers and quickly communicate to you the dollars in tape value that your special request will require. The quoted tape values are valid only for this year's program. (Not all items are available through the program). Please include the supplier's name and address and a copy of the catalog page where you have seen the product you are requesting.

A MAXIMUM OF 6 ITEMS MAY BE RESEARCHED.

ALL INFORMATION MUST BE COMPLETED

Please type or print clearly

INTERNAL USE ONLY

REQUESTED ITEM DESCRIPTION	MANUFACTURER	MODEL NUMBER	CATALOG NUMBER	TAPE VALUE
1.				
2.				
3.				
4.				
5.				
6.				

SCHOOL NAME: _____

YOUR NAME: _____ DAY PHONE: (____) _____ - _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE: _____

THIS IS NOT AN ORDER FORM

MAIL OR FAX THIS COMPLETED FORM TO:

PROGRAM HEADQUARTERS

P.O. BOX 14758, PITTSBURGH, PA 15234

TOLL-FREE FAX 1 800-242-7041

ALL SPECIAL REQUESTS MUST BE RECEIVED NO LATER THAN OCTOBER 31