



To: UM-Flint Office of Extended Learning
FAX: (810) 766-6803

Date: _____

Name: _____

Title: _____

School: _____

Phone: _____

Fax: _____

E-Mail: _____

District: _____

Billing Address:

Purchase

Order #: _____

Number of Teachers in District:

- 0-150 teachers
- 151-300 teachers
- 301-400 teachers
- 401-600 teachers
- 601 or more teachers

Group Rate:

- \$200 per month
- \$350 per month
- \$400 per month
- \$500 per month
- Call for Pricing

Yes, please start enrollment on:

- Sept. 1, 2009
- Oct. 1, 2009
- Nov. 1, 2009
- Dec. 1, 2009
- Jan. 1, 2010
- Feb 1, 2010

Group Rate \$ _____ **x** _____ **Months = Total: \$** _____

- Please bill monthly.
- Please bill for entire amount.