

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

Contact: _____

Title: _____

School: _____

Phone: _____ Fax: _____

E-mail: _____

District: _____

Billing address: _____

<u>Number of Teachers in District:</u>	<u>Group Rate:</u>
0-150 teachers	\$225 per month
151-300 teachers	\$385 per month
301-400 teachers	\$450 per month
401-600 teachers	\$550 per month
More than 600 teachers	Call for pricing

Yes, please start enrollment on:
 Nov. 1, 2009 Dec. 1, 2009 Jan. 1, 2010
 Feb. 1, 2010 Mar. 1, 2010 Apr. 1, 2010 Other _____

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

Purchase Order #: _____ Bill monthly. Bill full amount.