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Faculty Reader Copy Application

Name of School

Name of Faculty Member

Phone Number / Ext. (optional)

E-mail

Name of Prospective Course

Semester/Quarter when the book(s) will be taught

Anticipated Enrollment

Campus Address:

Street

City/State/ZIP Code/Country

Billing Address:

Street

City/State/ZIP Code/Country

Attention

Title: _____ ISBN: _____

Title: _____ ISBN: _____

Title: _____ ISBN: _____

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