

Denver Public Schools

Great Source Reading Advantage Student Journal Special Offer Order Form



MAIL

Send this form to:
Great Source Education Group
181 Ballardvale Street
P.O. Box 7050
Wilmington, MA 01887

FAX

Fax this form toll-free: 800-289-3994

PHONE

Place an order toll-free: 800-289-4490

ONLINE

Place an order online: www.greatsource.com

Title	ISBN-10	ISBN-13	Price	Qty.	Total
Great Source Reading Advantage Student Journal (6-Packs)					
Level A	0-669-50597-8	978-0-669-50597-9	29.70		
Level B	0-669-50610-9	978-0-669-50610-5	29.70		
Level C	0-669-50623-0	978-0-669-50623-5	29.70		
Level D	0-669-50637-0	978-0-669-50637-2	29.70		
Level E	0-669-50649-4	978-0-669-50649-5	29.70		

Complimentary Materials

Get one 6-pack of student journals free for every 4 6-packs of student journals purchased.

Level A	0-669-50597-8	978-0-669-50597-9	FREE		FREE
Level B	0-669-50610-9	978-0-669-50610-5	FREE		FREE
Level C	0-669-50623-0	978-0-669-50623-5	FREE		FREE
Level D	0-669-50637-0	978-0-669-50637-2	FREE		FREE
Level E	0-669-50649-4	978-0-669-50649-5	FREE		FREE

School prices are subject to change without notice and include the regular educational discount (transportation and handling additional). Shipping and handling charges are prepaid and added to the invoice as a separate item. If payment for materials is enclosed with your order, please add 9% or \$6.50, whichever is greater, to cover standard transportation and handling costs. State and local taxes should be added where they apply. All orders are subject to our standard terms and conditions.

Merchandise Total _____

State Sales Tax _____

Transportation/Handling _____

GRAND TOTAL _____

Ship to:

School or Organization _____

Address _____

City _____ State _____ Zip _____

Bill to:

School or Organization _____

Address _____

City _____ State _____ Zip _____

Attention _____

Ordered by:

Name _____

Title _____

P.O. Number _____

Phone _____

Date of Order _____

Individual Orders

Payment Enclosed for \$ _____

Charge to: MasterCard Visa American Express

Discover Card Diners Club International

Account Number _____

Expiration Date _____

Authorized Signature (required for credit card purchases) _____

Date of Order _____

For more information contact your Colorado Great Source Representative:

DAN FRAZZINI

Phone: 800-289-4490, Option 4

E-mail: Dan_Frazzini@hmco.com

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