

## Renewal for Individual Teacher Subscription

Teacher's Name: \_\_\_\_\_  
Name of School: \_\_\_\_\_  
School Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Grade Level: \_\_\_\_\_ Number of Students: \_\_\_\_\_

**Individual Teacher Subscription: \$20 for 12 months**

Teacher's E-mail Address: \_\_\_\_\_  
(You will receive an e-mail at this address confirming your subscription, including your User ID and Password.)

**Log-in information** You may keep your current User ID and Password OR you may request a different ID and Password. Please check the boxes below to indicate if your Log-in information remains the same or changes.

Log-in User ID: \_\_\_\_\_ (case sensitive) \_\_ current \_\_ new  
Log-in Password: \_\_\_\_\_ (case sensitive) \_\_ current \_\_ new

\_\_\_ **Mastercard** \_\_\_ **Visa**

Credit card number: \_\_\_\_\_

Expiration month: \_\_ \_\_ year: \_\_ \_\_ Security digits: \_\_ \_\_ \_\_

Name on Card \_\_\_\_\_

Signature: \_\_\_\_\_

Credit card BILLING address:

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I have read the following terms and accept them:**

An Individual Teacher Subscription provides access (classroom and/or computer lab) for **one** teacher and **one** class in **one** school during normal school hours. The activation time is **8:00 a.m. to 5:00 p.m.**, your local time, **Monday through Friday**, for 12 months. The User ID and Password may be shared with one class of students. If requested, the activation time may be adjusted to meet the needs of your classroom.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_