



Purchase Order Form

Peer Connection

Ordered by:

Bill to:

Contact Name _____
 School/District _____
 Address1 _____
 Address2 _____
 City, State, Zip _____
 Phone _____
 E-mail _____
 Fax _____
 Start Date: _____ *Subscription Good for 1 Year
 # of Schools _____

PO # _____
 Contact Name _____
 School/District _____
 Address1 _____
 Address2 _____
 City, State, Zip _____
 Phone _____
 E-mail _____

| School Name | Account Owner's Name | Account Owner's Email | Account Owner's Phone | *State | *Zip | Price |
|-------------|----------------------|-----------------------|-----------------------|--------|------|-------|
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*State and Zip of the school

Directions: Complete all fields. Usernames must be at least 4 characters in length, may only contain alphabetic and/or numeric characters (a-z, A-Z, 0-9), and may not contain any spaces or underscores (_). **It is highly recommended that you use your school email address as your primary point of contact. DO NOT include your payment.**

E-mail, mail, or fax to:

PBS TeacherLine Sales
 PBS TeacherLine
 2100 Crystal Drive
 Arlington, VA 22202

cmkalavsky@pbs.org
 Toll-free: 800.572.6386
 703.739.8131
 Fax: 703.739.8495

Refund Policy: No refund requests will be granted after the 60th day of the start of any Peer Connection subscription. The learner must submit a refund request to receive a refund.

Signature _____
School Official Signature

Date