

## REVIEW COPY REQUEST FORM



• NAME

Title \_\_\_\_\_

School \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Fax (optional) \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### COURSE #1 INFORMATION

**TERM** (educators may select multiple terms)

- Summer       Fall  
 Winter       Spring

**Decision Date** \_\_\_\_\_

**Est. Enrollment** \_\_\_\_\_

**Text in Use** \_\_\_\_\_

**Best Time to Contact** (optional) \_\_\_\_\_

QTY.	TEXTBOOK TITLE	Adopted
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no

**FAX FORM TO: 859.283.4479 ATTN: Klista**

Call Klista Love with questions at 1.512.260.3030 or email: [klove@sbmedia.com](mailto:klove@sbmedia.com)