



Order Form

sam@esgisoftware.com

PO Box 938
Elkhart, IN 46515

Ph: 443-333-9898
Fax: 866-925-3450

PLEASE **SEND THIS FORM WITH YOUR ORDER**

(Purchase Order or Check)

Step 1 - You send us your order.

Step 2 - We send **1 Activation Code** (that will work for all teachers on the order) to the primary contact.

Step 3 - Teachers sign in to their account and "Apply" the Activation Code.

NOTE: YOU WILL NOT LOSE DATA IF YOUR ACCOUNT EXPIRES

We do not delete any data.

State/Region: _____

Country (if not USA): _____

District or Organization: _____

School: _____

Order Type: Check # : _____ **PO # :** _____
(PO must be attached)

Primary Contact (The person who will be sent the Activation Code to distribute to the teachers.)

Name: _____

Email: _____

Description: ESGI teacher license 12 months, up to 35 students (if different, quote must be attached)

of teachers: _____ Unit Price: _____ Total Price: _____

Promo Code: _____ Who brought ESGI to your school or district? _____

COMPLETE THE FOLLOWING TO BE ABLE TO SHARE TESTS:

Marking Period Type (circle): Semesters Trimesters Quarters

End of First Marking Period: _____

End of Second Marking Period: _____

End of Third Marking Period: _____ (if applicable)

End of Fourth Marking Period: _____ (if applicable)