HighScope Order Form

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Signature _____

Expiration Date ______CV # _____

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800.407.7377

Qty	Item Number or Title			Price Each	Extended Price
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		\$9.95	9 per order.	Shipping —	
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			Ship To (if different from bill to) Please give a street address; cannot ship to PO Box		
DatePurchase Order #			Date Purchase Order #		
Organization			Organization		
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