



# Course Reader Order Form

Professor's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_ Section: \_\_\_\_\_ Quantity: \_\_\_\_\_ Desk Copy: Yes No

Order Type: Print Digital If Digital order, how will you submit your materials? \_\_\_\_\_

Choose One: New Order Reorder ( Updated? Yes No )

Year: \_\_\_\_\_ Term: Winter Spring Summer Fall Other \_\_\_\_\_

Copyright Permission Required? NO YES (Pease supply bibliography information.)

## Production Details for Print Packets

Copying: 1-Side 2-Sided As is Table of Contents Pagination

Binding: Coil (270 sheets or less) Tape (120 sheets or less)

3-Hole & Shrinkwrap Staple Other \_\_\_\_\_

Special Instructions:

Please fill out all fields then print or save this form.

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