

Desk Copy Request

Please complete and fax back attention to Steven Rhoden to 1.800.641.0115

PRODUCT(S) REQUESTED:

SHIPPING & CONTACT INFORMATION:

Instructor's Name: _____

College/ University/ School: _____

Two Year ☐ Four Year ☐ Other ☐

Address: (avoid P.O Boxes) _____

City: _____ State: _____ ZIP: _____

Office phone: _____ x _____ *Required* Alt Phone: _____ x _____

Fax: _____ Email: _____

COURSE INFORMATION:

Name of course: (not course number) _____

Semester: Fall _____ Spring _____ Summer _____ Other _____ Year: _____

Frequency course is offered: _____

Est. Enrollment: _____ Bookstore that will order: _____

Has the book already been adopted? (please circle one) Yes No

If already adopted, is it a required or optional text? _____

Would you like to receive a free subscription of Redleaf Press e-newsletter? (please circle one)
Yes No

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