



## *DVD Order Form*

**Elementary** \_\_\_\_ **Junior** \_\_\_\_ **Senior** \_\_\_\_

(Please check which level you are ordering)

### **2009 Summer Institute**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **DVD-\$40 each**

Complete the above information and mail with check payable to:

**SMARTS**  
**P.O. Box 356**  
**Attleboro, MA 02703**  
**508-222-8484**  
**info@smartscollab.org**

You will receive your DVD within 3 weeks of receipt of order and payment.

***Thank You!***

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*Keep this portion for your records*

### **SMARTS DVD Order**

Date ordered: \_\_\_\_\_ Check amount: \_\_\_\_\_