

2020 BOOKLISTING CONFIRMATION AGREEMENT

Name:					(PRINT)
Position:					•
School:					•
Address:					
Email:					
By signing this form, I confirm that I have the authorobooklisting school, I will be receiving teacher copy event that the booklisting is cancelled for whatever school for the teacher copy/copies provided.	/copies of th	booklistings. e new bookl	I also ack listed title	nowledge t s. However	hat as a r, in the
Si	ignature	ature		Date	
	ck the Sign icon @ & Sign or choose				
NEW BOOKLISTED TITLES FOR 2020 NOTE: One (1) complimentary copy per teacher, m		(5) complime	ntary copies	s per title.	
NEW 2020 BOOKLISTED TITLE		Booklisted Year Level	No. of Classes	No. of Teachers	Copies Required
		Tear Eever	Classes	reactions	neganea
TITLES THAT HAVE BEEN RELISTED FOR 2020					
2020 RELISTED TITLE		Relisted Year Level	No. of Classes	No. of Teachers	

^{**} PLEASE PROVIDE A COPY OF BOOKLIST (DRAFT COPY ACCEPTED).