



International Online Access Application Form

Name of School _____

Address _____

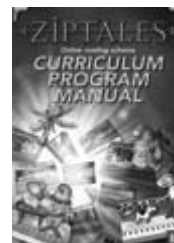
Country _____

Telephone _____ Fax _____

Email _____

Contact Teacher _____

Purchase Order (if applicable) _____



☐ We would like a one month free trial (whole school access)

☐ We would like to subscribe for 12 months according to the pricing schedule below

Please send us immediately our username and password, plus our *free* copy of the Curriculum Program Manual.

*Invoice our school according to the school size schedule.**

<50	<input type="checkbox"/> \$200	201-400	<input type="checkbox"/> \$600
51-100	<input type="checkbox"/> \$300	401-800	<input type="checkbox"/> \$750
101-200	<input type="checkbox"/> \$450	>800	<input type="checkbox"/> \$900

*P-12 Schools: count primary students only

*Secondary schools: learning support usage \$200

☐ Fax this form to Ziptales on 61-353311219 to be connected.

I have read and agreed to the licence agreement on the website
(<http://www.ziptales.com/htm/schoollicenceagreement.htm>)



Signature _____
Authorising teacher or principal

Date _____