

Order Form

Email to info@lesplan.com or fax to (888) 240-2246 or order online: www.lesplan.com

DELIVER TO (please print clearly)

TEACHER _____

SCHOOL _____

EMAIL _____
()

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CITY, PROVINCE _____ POSTAL CODE _____

PRINT/PDF SUBSCRIPTIONS

Publication	Language	Grade Level	Pricing		Amount
			4 Issues (Sept. - Dec.)	8 issues (Sept. - May)	
<i>The Canadian Reader</i>	English	Grades 3 and up	<input type="checkbox"/> \$99	<input type="checkbox"/> \$198	
<i>Nos Nouvelles</i>	Français	À partir de la 3 ^e année	<input type="checkbox"/> 99 \$	<input type="checkbox"/> 198 \$	
<i>What in the World?</i> - Level 1	English	Grades 5 and up	<input type="checkbox"/> \$99	<input type="checkbox"/> \$198	
<i>Le Monde en Marche</i> - Niveau 1	Français	À partir de la 5 ^e année	<input type="checkbox"/> 99 \$	<input type="checkbox"/> 198 \$	
<i>What in the World?</i> - Level 2	English	Grades 8 and up	<input type="checkbox"/> \$99	<input type="checkbox"/> \$198	
<i>Le Monde en Marche</i> - Niveau 2	Français	À partir de la 8 ^e année	<input type="checkbox"/> 99 \$	<input type="checkbox"/> 198 \$	
			5 issues (Sept. - May)		
<i>Building Bridges</i> - Level 1	English	Grades 5 and up	<input type="checkbox"/> \$120		
<i>Bâtir des ponts</i> - Niveau 1	Français	À partir de la 5 ^e année	<input type="checkbox"/> 120 \$		
<i>Building Bridges</i> - Level 2	English	Grades 8 and up	<input type="checkbox"/> \$120		
<i>Bâtir des ponts</i> - Niveau 2	Français	À partir de la 8 ^e année	<input type="checkbox"/> 120 \$		
Subtotal A					

ONLINE INTERACTIVE SUBSCRIPTIONS

Publication	Language	Grade Level	Pricing		Amount
			5 months (Sept. - Jan.)	10 months (Sept. - June)	
<i>Currents4Kids</i>	English	Grades 3 and up	<input type="checkbox"/> \$99	<input type="checkbox"/> \$198	
<i>Infos-Jeunes</i>	Français	À partir de la 3 ^e année	<input type="checkbox"/> 99 \$	<input type="checkbox"/> 198 \$	
Subtotal B					
ON add 13% HST NB, NL, NS & PEI add 15% HST					HST
All others add 5% GST					GST
TOTAL					

BILLING OPTIONS

- Invoice school
 Invoice **Bill To** address
 Purchase Order _____

Please charge to: MasterCard VISA

CARD NUMBER _____

CARDHOLDER NAME _____ EXPIRY DATE (MM/YY) _____

BILL TO (if different from school information)

CONTACT _____

ADDRESS _____

CITY, PROVINCE _____ POSTAL CODE _____

LESPLAN OFFICE USE: 2019-2020

_____ _____ _____	<input type="checkbox"/> INVOICE # _____ <input type="checkbox"/> C4K / I-J _____
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