

CONTACT INFORMATION

District	County
Name	Title/Position
Email	
Superintendent	
Technology Contact	Curriculum Contact

Return completed form with payment to:

Mail WOSU Public Media
2400 Olentangy River Rd
Columbus, OH 43210

Email business@wosu.org

MEMBERSHIP FEES

- Basic Membership** – I understand I will be charged higher fees for services. **FREE**
- Advantage Membership** – Number of Buildings/IRNs in District = _____ x \$100 per IRN = \$ _____
- Premium Membership** – In addition to the above Advantage Membership Fee **+ \$2,100**

ADDITIONAL MEMBERSHIP SERVICES

SAVE 20% on Professional Development Voucher
Number of PD Vouchers: _____ x ~~\$500~~ \$400 each \$ _____

SAVE \$\$\$ NOW!

*Payment must be received by **August 1, 2018**. Vouchers expire **June 30, 2019**.

PAYMENT INFORMATION

Registration Fee Total \$ _____

Purchase Order Number (if applicable) _____

- Please Bill** my school district after July 1, 2018 for the total amount due
- Check Payment Enclosed** – check number (payable to WOSU Public Media) _____
- Credit Card Payment** MasterCard Visa Discover

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Number				Exp. Date (MM/YYYY)		Security Code		

Name on Card _____ Date (DD/MM/YYYY) _____

Signature _____ Authorization Code (for office use only) _____

SIGNATURE OF AUTHORIZED SCHOOL ADMINISTRATOR

Print Name _____ Date (DD/MM/YYYY) _____

Signature of Authorized School Administrator _____ Title _____