

Today's Date:

Invoice Date:

Invoice #:

Distance Learning Program Scheduler

Contact Information:

Teacher/Coordinator Name

Technical Support Contact Name

School/Group Name

Street Address

City

State

Zip

School Phone

Alternative Phone

Email Address

☐ Into Excel ☐ Reserve GILS ☐ On GSDLN ☐ Naturalist Scheduled ☐ Repeat ☐ New WoM Web Broch Media CILC Othe

Program Date: _____ Program Time: _____ Time Zone: _____

No. Participants: _____ Grade Level: _____

Content Relevance: _____

☐ Test Call Completed Date: _____ ☐ Confirmation Packet Send Date: _____

☐ Program Completed Date: _____ ☐ Visa ☐ MC ☐ Discover ☐ Amex ☐ Ck # _____

☐ Payment Received Date: _____ Acct./Exp. Date _____

☐ PO or similar forms needed to bill

Type of Connection: ISDN TI Internet 2

Technical Support Name: _____

Email Address: _____

Cell Phone: _____

Phone in Room: _____

Other _____

Notes:

Cost \$ _____

CEF - _____

Balance Due \$ _____