

The Newspapers in Education program at Capital Newspapers provides the Wisconsin State Journal at discount prices for classroom use. You must order a minimum of five copies per day for the same address to qualify for the NIE discount rate.

Name _____

Grade/Subject Taught _____

School Name _____

School Address _____

City/State/ZIP _____

School Phone Number _____ Ext. _____

E-mail Address _____

- DELIVER PAPERS on: Mon. Tue. Wed. Thu. Fri. Sat. Sun.
- QUANTITY per day: _____
- FIRST DATE of delivery: _____
- LAST DATE of delivery: _____
- SCHEDULE: Using the calendar below, CIRCLE (○) first and last delivery dates. CROSS OUT (×) all days when newspapers SHOULD NOT be delivered.

AUGUST 2008

	1	2							
3	4	5	6	7	8	9			
10	11	12	13	14	15	16			
17	18	19	20	21	22	23			
24	25	26	27	28	29	30			
31									

SEPTEMBER 2008

	1	2	3	4	5	6			
7	8	9	10	11	12	13			
14	15	16	17	18	19	20			
21	22	23	24	25	26	27			
28	29	30							

OCTOBER 2008

	1	2	3	4					
5	6	7	8	9	10	11			
12	13	14	15	16	17	18			
19	20	21	22	23	24	25			
26	27	28	29	30	31				

NOVEMBER 2008

	1								
2	3	4	5	6	7	8			
9	10	11	12	13	14	15			
16	17	18	19	20	21	22			
23	24	25	26	27	28	29			
30									

DECEMBER 2008

	1	2	3	4	5	6			
7	8	9	10	11	12	13			
14	15	16	17	18	19	20			
21	22	23	24	25	26	27			
28	29	30	31						

JANUARY 2009

	1	2	3						
4	5	6	7	8	9	10			
11	12	13	14	15	16	17			
18	19	20	21	22	23	24			
25	26	27	28	29	30	31			

FEBRUARY 2009

1	2	3	4	5	6	7			
8	9	10	11	12	13	14			
15	16	17	18	19	20	21			
22	23	24	25	26	27	28			

MARCH 2009

1	2	3	4	5	6	7			
8	9	10	11	12	13	14			
15	16	17	18	19	20	21			
22	23	24	25	26	27	28			
29	30	31							

APRIL 2009

	1	2	3	4					
5	6	7	8	9	10	11			
12	13	14	15	16	17	18			
19	20	21	22	23	24	25			
26	27	28	29	30					

MAY 2009

	1	2							
3	4	5	6	7	8	9			
10	11	12	13	14	15	16			
17	18	19	20	21	22	23			
24	25	26	27	28	29	30			
31									

JUNE 2009

	1	2	3	4	5	6			
7	8	9	10	11	12	13			
14	15	16	17	18	19	20			
21	22	23	24	25	26	27			
28	29	30							

JULY 2009

	1	2	3	4					
5	6	7	8	9	10	11			
12	13	14	15	16	17	18			
19	20	21	22	23	24	25			
26	27	28	29	30	31				

PLEASE ORDER 2 WEEKS PRIOR TO DELIVERY DATE

6. BILLING INFORMATION:

Name of person to receive bill _____

School/School District _____

Address/PO Box _____

City/State/ZIP _____

Phone Number _____ Ext. _____

Purchase Order # _____

7. AMOUNT DUE: To determine the total cost, multiply the number of papers ordered each day by the total number of days (Monday through Saturday) you are ordering papers. Then multiply that number by .125. If you are ordering Sunday papers, multiply the number of papers ordered each day by the total number of Sundays you need papers. Then multiply that number by .4375. If you are ordering papers during the week and on Sunday, add those two numbers.

DAILY newspapers:

_____ x _____ = _____ x .125 = \$ _____
copies/day x total # days = total # papers x .125 = \$ amount due

SUNDAY newspapers:

_____ x _____ = _____ x .4375 = \$ _____
copies/day x total # days = total # papers x .4375 = \$ amount due

8. SPONSORSHIP: Sponsorship funds may be available to cover part or all of the cost of your classroom newspaper subscription. You will be asked to sign the affidavit at the bottom of this form at the end of the school year which states that you have received the newspaper and used it in your classroom.

I am requesting sponsorship.

9. SPECIAL DELIVERY INSTRUCTIONS: _____

10. AFFIDAVIT TO BE COMPLETED AT THE END OF THE SCHOOL YEAR. (Do not sign below when ordering. This form will be returned to you for signature in May.)

I verify that I requested, received and used the newspaper as indicated above.

Signature _____

Date _____