

COURSE KIT CENTRE, PRINTING SERVICES ORDER FORM

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Course Instructor(s) _____

Delivery Location (Desk/Originals) _____ If you are not available they will be delivered to your dept.

Instructor Extension _____ Instructor E-mail _____

Alternative Contact (with authority to make decisions) _____

Extension _____ E-mail _____

COURSE INFORMATION

Course Code _____ **Credit Value** _____ **Section(s)** _____

Faculty (Circle all that apply) AP ES ED FA GS GL HH SC

Term Fall _____ Fall/Winter _____ Winter _____ Spring _____ **Volume** I _____ II _____ III _____

At which campus bookstore would you like the course kit sold? Glendon _____ Keele? _____

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Required Number of instructor's copies _____ Budget Number _____

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If yes, indicate: **Term** _____ **Course Code** _____ **Instructor** _____

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Coil Binding _____ Single-sided _____ Paginate _____
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Staples (max 100 sheets) _____ Colored Pages _____ Instructor Table of Contents _____
Perfect Bound _____

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___ Yes, I understand that some of the materials that I submit may be subject to royalty fees and that such fees are incorporated into the student price of the course kit

___ Yes, I understand that if a list with the sequence is not provided, the kit will be printed in the order of submission.

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Submitted By _____

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Course Kit Centre

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