ePearl Application Form (2008- 2009)

Please ched	ck one of the o	otions below.			
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ePearl Use		ministrator: (one per so	,	ψ 1000.00	
Contact na	ıme:				
Contact phone:					
Contact e-mail:					
School name:					
		(please leave blank if pur	chasing for a school	division)	
School divi	ision name:				
Phone:					
Facsimile:					
Authorizati	on name:				
Date:					
Authorizati	on title:				
Billing addı	ress:				
Please che	eck one the fol	lowing payment option	S.		
	Payment enclos	ed			
	Please bill as above by purchase order #				

Please return to MERLIN via email info@merlin.mb.ca or fax to 204 474-7830

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(204) 474-7830 (fax)
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