## **Conservation Science Curriculum Quote Form**

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|--------------|---|---|---|---|

6/17/2024

| Date.        | 6/1//2024                     |              |                               |  |  |
|--------------|-------------------------------|--------------|-------------------------------|--|--|
|              | Bill to:                      | Ship to:     |                               |  |  |
| Attn:        | Shannon Linkerhof             | Attn:        | Shannon Linkerhof             |  |  |
| School Name: | Warren County School District | School Name: | Warren County School District |  |  |
| Address:     | 6820 Market St                | Address:     | 6820 Market St                |  |  |
| City/St/Zip: | Russell, PA 16345             | City/St/Zip: | Russell, PA 16345             |  |  |
|              |                               |              |                               |  |  |

|                  | Description  |          | Uni        | t Price             |         | Total    |
|------------------|--|----------|------------|---------------------|---------|----------|
| 100              | Workbook - Print & Digital Package: Includes printed copy of workbook and one school year digital access to workbook. (Cost is per student). |          |            | 38.50               | \$      | 3,850.00 |
| 0                | Workbook - Digital-Only Package: Includes one school year access to digital workbook. (Cost is per student).                                 |          |            | 25.00               | \$      | ž        |
| 2                | Annual License Fee: Includes access to teacher materials and online resources. (Cost per High School)  |          |            | 100.00              | \$      | 200.00   |
|                  |  |          |            |                     | \$      | *        |
|                  |  |          | \$         |                     | \$      | ۸        |
|                  |  |          | \$         |                     | \$      | 2        |
|                  |  |          |            |                     | \$      |          |
|                  |  | Total Or | otal Order |                     |         | 4,050.00 |
| To pay by credit | card, please call Jeff Nations at 614-888-4868 or submit the following informa   |          |            |                     | \$      | `        |
|                  | rd Type (Circle one): Visa MasterCard Discover   |          |            |                     | 255     |          |
| Name on Card     |  |          | CVV Code:  |                     |         |          |
| Card Number:     |  |          | 8          | Expiration<br>Date: | 2.<br>1 |          |
| Signature:       |  |          | 20         |                     |         |          |
| Diagra maka Ci   | hecks Payable to:  |          | _          |                     | _       |          |
| rieuse iliuke Ci | Sportsmen's Alliance Foundation  |          |            |                     |         |          |
|                  | Attn: Accounts Receivable  |          |            |                     |         |          |
|                  |  |          |            |                     |         |          |
|                  | Columbus, OH 43229-1137  |          |            |                     |         |          |
|                  | 801 Kingsmill Parkway Columbus, OH 43229-1137  ventures is an initiative owned and operated by the Sportsmen's Alliance Found                |          | <br>13 noi | nprofit corp        |         | on. Yc   |

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