

## **Skype Visit Booking Form**

(Please complete and return via email. This form is also available at mandydavis.com/visitdocs.)

Name:	Title/Position: _	
School:	District:	
School Address:		
Email:		
Skype Name/Email:		
School Phone:	**Cell Phone: for emergencies on the day of my visit if I can't	reach you in some other way.)
Number of Skype session	ons you'd like:	
Approximate number of	students/grade level (grades 3-6	only) in each session:
When would you like the	e visit(s) to occur? List preferred da	ates and times.
following our visit. (If you	e \$50/session. Payment is due on to choose to send a check prior to out d.) When should I expect to receive	r visit, I won't deposit it
Does your school/distric	ct need a W-9 tax form?	If so, where should
I send it? (All tax forms will be sent	via USPS, not electronically.)	
Bookmarks are hand-sign order of 50. If you order states	rchasing signed bookmarks? led and cost \$0.25 each (which incl tudent bookmarks, teacher bookma must be ordered at least one montly y of our Skype visit.	udes shipping). Minimum arks will be included at no