2010-2011 Provider Group Subscription Form

Mail your completed form and check (payable to *Michael L. Johnson*) to:

Michael L. Johnson
11815 S.E. 221st St.
Kent, WA 98031
Phone: 253-631-2877

Group: _____ Business Phone: _____

Contact: _____ Business Fax: _____

Provider Group Subscription Discount

Provider Group Subscription Discount (a group of providers for a region or conference can receive the following discounts for ***The Juco Classic News Service Report*** based on the number of schools subscribing)

- 5-7 subscriptions — No. subscriptions -- _____ X $100 = _____
- 8 or more subscriptions — No. subscriptions -- _____ X $75 = _____

TOTAL _____

Subscriber School	Subscriber Contact	Subscriber Email

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