

TOUCHSTONES[®]

DISCUSSION PROJECT

PO BOX 2329 | ANNAPOLIS, MD 21401 | 410.604.3309 | WWW.TOUCHSTONES.ORG

Review Copy Request

Thank you for your interest in the Touchstones Discussion Project!

Please entirely fill out the official Review Copy Request approval form (below) for ease of approval and processing of your review copy.

I, _____, am requesting the following Touchstones' titles for review purposes:

_____.

I, and any others within my organization who have access to these materials, agree to the terms of use printed below.

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Approval

Requests must be signed (no e-signatures, please) by one of the following:

(School Principal or Asst. Principal or a District Curriculum Coordinator)

Name Date

Position School/Org

We look forward to fulfilling your review request and will confirm by email that it has been approved.

Please return to us by email schoolprograms@touchstones.org or fax (410) 604-3329.



BUILDING CRITICAL THINKERS & COLLABORATIVE LEADERS

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Review Copy Information & Questionnaire

Date: _____

Name of Purchaser: _____

Position/Title: _____

Name of Teacher requesting materials: _____

School/Org: _____

Grade Level: _____

Classes/Subject(s) Taught: _____

How did you hear about Touchstones? _____

How are you planning to use Touchstones? _____

Timeline for implementation? _____

Touchstones training needed? _____

Do you have funding for implementation? _____

Touchstones volumes used in the past: _____

School/Org Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

Cell Phone: _____

Email: _____

Guidelines for Providing Review Copies

- Must complete the Request for Review Copy form and returned to Touchstones Discussion Project
- Must be signed by:
 1. Principal or
 2. Asst. Principal or
 3. District Curriculum Coordinator

