



WHEN BLACK STUDENTS EXCEL BOOK STUDY REGISTRATION FORM

DISTRICT BOOK STUDY OPTION

Name of Administrator Placing the Order: _____

Administrator's Position: _____

Administrator's Email Address: _____

School/District Name: _____

City/State: _____ Number of Participants: _____

Mailing Address to which all copies of the book will be mailed:

List of preferred dates and times for a series of 10 book study sessions:

Name and email address of the individual to whom the invoice should be sent:

