

SeeMeTeach [®]

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Purchase Order Number		Tax Exempt ID	Date
Billed To:			
Name		Signature	
Address 1			
Address 2			
City		State	Zip code
Country		Email	
<small>SMT Office Use – SMT certifies that to the best of our knowledge and belief that the billed costs are in accordance with the terms and conditions of the agreement and that payment is due and has not previously been requested.</small>			<small>SMT Agent</small>

Description of Use	1 yr	2 yr	3 yr	# Grps	Total # Users	Price / User	Total Cost
K-12 School Account							
Teacher Education or IHE Account							
Consulting/Bus. Use - see below							
Other (describe):						Tax	
						Discount	
						Total	

Important Information For establishing SMT Accounts - Whether you have one group of users or multiple groups (e.g., Group 1 – Future Science Teachers, Group 2 – Future Math Teachers, etc.), please note the name of the group, the group leader’s email address, alternate email address, phone, and the number of users in each group.

Group Name and Leader Name	# Users	Group Leader Email 1	Group Leader Email 2	Phone

* Note that if more space is needed to identify additional groups and group information, copy the table, and append it to this order.

* Please fill in the Scope of Work (if applicable) on the second page of this document.

- Upon receipt of the Purchase Order SMT will provide an invoice to the billing address noted above. Terms include 30 days for payment upon receipt of the SMT Invoice. I have read and agree to the complete Terms of Service as noted at www.seemeteach.com (link found at the bottom of the homepage).
- This Purchase Agreement is for using SeeMeTeach in a K-12 school or an IHE teacher education program or for personal work.
- Note that the SeeMeTeach Terms of Service contain specific language that prohibits using SMT as a tool for any compensated consulting work or in association with any services you provide or use in a business you own or are an employee of without FIRST obtaining a written licensing agreement from SeeMeTeach LLC. This includes using SMT in association with compensated work involving internal or external funding sources or using SMT in relation to IHEs and instruction. If related to such, contact SMT for licensing. I acknowledge and agree to such and the penalties for violating this agreement.

Scope of Work Includes:

Special Training Sessions for Staff and/or Students vs. General Sessions

Small Group Follow-up Session(s)

Other - Describe

Addt'l Group Name & Leader Names	# Users	Group Leader Email 1	Group Leader Email 2	Phone

Initials of the Purchaser -