

**ACTEX Learning | ASM**  
Desk Copy/Examination Copy Request Form

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**THIS FORM MUST BE COMPLETELY FILLED OUT BEFORE YOUR REQUEST WILL BE PROCESSED**

Desk Copy  Examination Copy

Date of request: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

Title of requested text: \_\_\_\_\_

Author: \_\_\_\_\_

Course name & number: \_\_\_\_\_

This text/manual is:  Required  Recommended The estimated enrollment for this course is \_\_\_\_\_

My order for \_\_\_\_\_ copies of this publication was placed with (Name & Address of Bookstore)

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Name of School: \_\_\_\_\_

Instructor's Phone: \_\_\_\_\_

Department: \_\_\_\_\_

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