



Reader Order Form

You can type into this form

ZEE ZEE COPY
INSTANT IMAGING SERVICES

2431-C Durant Ave., Berkeley, CA 94704
tel (510) 704-8411 fax (510) 705-8410
zeezeecopy.com info@zeezeecopy.com

New Material

I have not used this material for my Course Reader

Old Material

I have used this material for my Course Reader in the past.

Semester _____

| | | | | |
|----------|-----------|-----------|-----------|---------------|
| Date in: | Date Due: | Time Due: | Semester: | Zee Zee Use # |
|----------|-----------|-----------|-----------|---------------|

Step 1 Course Reader Information

| | | |
|---------------|----------------|---|
| Course Number | Section Number | Course Title (as it will appear on the cover) |
|---------------|----------------|---|

Other Information _____

- Copyright Needed
 Original Material Attached
 Necessary Info: Title, Author/Editor, Publisher, Pub. Date, Page Ranges
 No Copyright needed
 Copyright Page for Each Book/Journal
 Need Printed Copyright Clearance Form
 Email Form



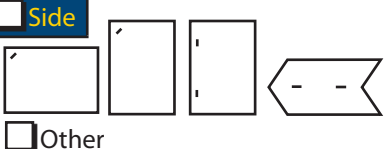
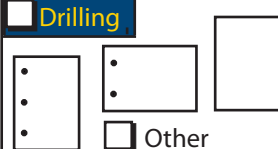
Step 2 Instructor Information

| | |
|--|--------------|
| <input type="checkbox"/> Instructor Name <input type="checkbox"/> Professor | Phone |
| Contact Name (if other than instructor) | Cell Phone |
| E-mail | Office Phone |

Step 3 Copying Information

Number of Students (Enrolled)
Number of Students (Exact)
Number of TA Copies
 1 Sided
 2 Sided
 Slip Sheets
 Copies from Books
 Margin Shift
 Numbering

Step 4 Binding Information

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Binding Type <input type="checkbox"/> Tape <input type="checkbox"/> Spiral <input type="checkbox"/> Velo <input type="checkbox"/> Other _____ | <input type="checkbox"/> Side <input type="checkbox"/> 11"  <input type="checkbox"/> 8"  <input type="checkbox"/> Other _____ | <input type="checkbox"/> Cover Type <input type="checkbox"/> Standard <input type="checkbox"/> Cardstock <input type="checkbox"/> Vinyl <input type="checkbox"/> Other _____ | <input type="checkbox"/> Cover Color _____ _____ _____ |
| <input type="checkbox"/> Side  <input type="checkbox"/> Other _____ | <input type="checkbox"/> Drilling  <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other Needs <input type="checkbox"/> Rubber Bands <input type="checkbox"/> Provided Insert Sheets <input type="checkbox"/> Velo <input type="checkbox"/> Other _____ | |

Special Information _____

Free Pickup and Delivery
For Pickup, call (510) 705-8411
or email info@zeezeecopy.com

| | | |
|----------------|--|-------|
| Authorization: | | |
| Signature: | | Date: |