



Student Order Form
DVD Sets (No license required)

TO BE COMPLETED BY STUDENT (Please print):

We cannot ship to a P.O. Box. Please provide complete street address for UPS delivery.

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ FAX: _____

Credit Card: VISA or MC: _____ Exp: _____

Name as it appears on Credit Card: _____

Signature Date

February 2010
Date of Order: _____
**Must Receive by: _____

DVD Price: \$40.00

*Sales Tax: \$3.50

*ONLY California residents must pay sales tax.

****Shipping/Handling: \$10.00**

Total: \$_____

Shipping/Handling – Price is for **UPS GROUND within the continental US only.

Returns: Returns are not accepted.

Damaged/defective product – Product will be replaced at no additional cost.

Damaged/defective product must be if reported within 10 business days of order being received.

Shipping/Handling subject to change without notice.

MUST BE COMPLETED & SIGNED

Instructor Name: _____

Institution: _____ State: _____

Video Course Assigned: _____

Term: _____ Section #: _____

It is understood that neither I nor my institution are entitled to any content (digital, video, or audio) ownership rights stemming from the use of these video lessons. I/We shall in no manner infringe, disparage, or challenge the Coast Community College District's (CCCD) rights in the content. I/We understand that it is my/our responsibility to notify CCCD of any infringement of CCCD's rights of the content and at the request of CCCD take reasonable steps to assist CCCD in protecting its rights of the content. I/We agree to not remove any credits and/or copyright statements.

Release, Hold Harmless, and Indemnify: I hereby accept these video lessons as licensed by CCCD in present form and condition and hereby release and discharge CCCD and each of its trustees, employees, agents, and representatives from any and all liability arising out of or in connection with my use of this course to the extent permitted by law. Additionally, I shall defend, indemnify and hold CCCD and its respective trustees, employees, agents, and representatives free and harmless from and against all claims, liabilities, loss, and expense, including reasonable attorneys' fees and court costs which may arise because of the negligence, misconduct, or other fault of mine or in any way resulting from my performance of my obligations under this agreement.

By signature below, I certify that I have read and accept the terms as listed.

_____ Date: _____

MAIL ORDER TO: Coast Learning Systems, Center for Instructional Systems Development

11460 Warner Avenue ■ Fountain Valley ■ CA ■ 92708

FAX ORDER TO: (714) 241-6286

OFFICE: (714) 241-6109