



## EXAMINATION COPY REQUEST FORM

### 30 Day Preview

We are hereby requesting a 30 Day Preview for our professors considering the use of The Sclerotherapy Manual "in our institution, we have received the terms & condition of this request and have accepted them

We understand that from the date we receive the examination copy we have a 30-day preview period. The examination copy must be returned on or before the 30 days allowed, We understand that if Crown medical does not receive the manual within that period, the full amount of \$375 plus the shipping and Handling charges will be charged to the Credit Card. we also understand that If were to choose to adopt the book after previewing it, and order of 12 or more is placed and paid the examination copy will be converted to a professor complimentary desk copy. **NOTE: If you choose to adopt the book after previewing it, contact our office to convert your book to a complimentary desk copy.**

#### BOOK:

Sclerotherapy Manual for Doctors

Sclerotherapy Manual for Nurses

#### COURSE

Course Name \_\_\_\_\_

Course ID Number \_\_\_\_\_

Enrollment (Estimated Number of Students):  10-30     31-70     71-100     100+

If known,  Required Text

Recommended Text

#### INSTRUCTOR

Professor Name \_\_\_\_\_

University/College \_\_\_\_\_

Department \_\_\_\_\_

Contact Name \_\_\_\_\_

School Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

I attest that all the above information is correct and that within the last two years from current date, I have not previously received a desk or complimentary copy of the manual I am requesting

**Thank you for considering our manual for your institution**

**Submit request for via mail, fax, or email**

**Mail to:**

Attn: Book Review  
6785 sw 40st  
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