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Primary Subscriber Name: _____

School Name: _____

Username: _____ **Phone Number:** _____

Email Address: _____

Please write the name and email address of *up to 5 teachers* at your school who should have access to your school's MATHCOUNTS OPLET subscription.

All teachers listed on this form will be contacted via email once access to the school's OPLET account has been approved and granted.

1. Name: _____

Email Address: _____

2. Name: _____

Email Address: _____

3. Name: _____

Email Address: _____

4. Name: _____

Email Address: _____

5. Name: _____

Email Address: _____

<p>Email a scanned JPEG or PDF copy, fax or mail this completed form to: <i>Email:</i> info@mathcounts.org <i>Fax:</i> 703-299-5009 <i>Address:</i> MATHCOUNTS Foundation, 1420 King St., Alexandria, VA 22314</p>

If you have questions about the MATHCOUNTS OPLET, please contact us at (703) 299-9006 or info@mathcounts.org.