

Quizam Pilot Program

FAX: 604-683-0045

Name of School: _____

Address: _____

Contact Person & Title: _____

Phone Number: _____

Email Address: _____

About Your School:

How many students are in your school? _____

What grades are in your school? _____

Can we quote you concerning your first impression or experience with Quizam? _____

Quote: _____

Quizam will provide your school:

1. A 6 month Master Licence for distribution and utilization to teachers, teacher's assistants, learning specialists, librarians.
2. Technical assistance (if required) with the installation of Quizam and downloading of additional Quizam Question Sets.

Your school will provide:

1. Three teachers and three students to complete the *Quizam Teacher Questionnaire*.
2. Provide any other recommendations or feedback to improve Quizam.

Signature: _____

Date: _____

Learn Faster and Score Higher!