

**MAIL TO:** Destination Imagination, Inc., 1111 S. Union Ave., Cherry Hill, NJ, 08002    **FAX:** 856.881.3596    **QUESTIONS:** AskDI@dihq.org

Date: \_\_\_\_\_ Referred By (Not Required): \_\_\_\_\_

**PURCHASER ADDRESS**

Residential       Commercial  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 \_\_\_\_\_  
 Email Address (required for complete processing)  
 Is this your first time doing Destination Imagination?    Yes    No

**BILLING**

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_

**SCHOOL**

\_\_\_\_\_  
 This is the school/organization responsible for the team(s)  
 \_\_\_\_\_  
 Tournament Affiliate (state or country) that your team(s) will compete in

**ORDER DETAILS**

QUANTITY	ITEM	PER UNIT	TOTAL
	<b>Team Challenge:</b> Digital PDF Files *Please read Affiliate Fee information below	\$105	
	<b>Early Learners / Rising Stars®:</b> Digital PDF Files *Please read Affiliate Fee information below	\$105	
	<b>Affiliate (State or Country) Fee*</b> Applies to teams in: AR, CA, CO, DE, IN, KS, KY, MD, ME, MI, MO, MT, ND, NE, NJ, NH, NM, NY, OR, PA, SD, VA, WI, WY, District of Columbia, Brazil, Cayman Islands, Colombia, United Kingdom, Guatemala and Mexico. Affiliates not listed above collect their Affiliate Fees separately. Other tournament and local fees may apply.	Call for your Affiliate Fee: 888.321.1503	
All prices are subject to change. Team Numbers are non-refundable. The digital files will be made available on September 1, 2018.			<b>Total: (Please include your Affiliate Fee*)</b> <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>

**PAYMENT METHOD**

**Choose one method. Payment must be enclosed with this application. Please print or type.**

**Check #** \_\_\_\_\_  
 Make checks payable to:  
 Destination Imagination, Inc.  
 In U.S. Dollars only

**Money Order**  
 Payable to Destination Imagination, Inc.

**Purchase Order (PO)**  
 PO must be signed. Enclose or fax copy.

Credit Card (select one):  
 **Visa**     **MasterCard**     **American Express**     **Discover**

Card Number: \_\_\_\_\_  
 Exp. Date (mm/yy): \_\_\_\_\_  
 CVV Code: \_\_\_\_\_

Cardholder Name - Must match billing address information: \_\_\_\_\_  
 Cardholder Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_