



180 N LaSalle Street, Suite 900
Chicago, IL 60601
Phone: (800) 975-3250
Fax: (888) 922-3766
<http://www.worldbook.com>

Renewal Price Quote

Quote Details

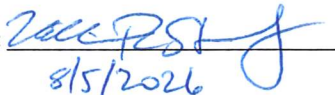
Presented By	Madeline Turner	Quote Number	00118329
Title	Customer Success Specialist	Valid Until Date	11/5/2026
Email	madeline.turner@worldbook.com	WB Acct No	O1550
Bill To Name	Hatboro-Horsham School District	Ship To Name	Hatboro-Horsham School District
Bill Attn To	SVanDori@Hatboro-Horsham.org	Ship To	229 Meetinghouse Rd
Bill To	229 Meetinghouse Rd Horsham, Pennsylvania 19044 United States		Horsham, Pennsylvania 19044-2192 United States

SKU	Product	Quantity	Sales Price	Subtotal
O15B	Online Advanced Differentiated	1.00	USD 5,285.12	USD 5,285.12
		Subtotal	USD 5,285.12	
		Tax	USD 0.00	
		Grand Total	USD 5,285.12	

Payment Options

Select one of the following accepted payment methods below:

- Credit Card: A 3% convenience fee will be applied (pay by check or ACH to avoid a fee).
- Bank Transfer: Pay via ACH to a designated bank account, as provided by the Provider.
- Check: Send to World Book, Inc. PO Box 737011 Chicago, IL 60673; include PO and/or invoice number on the check.
- ☒ Purchase Order: PO number: _____ Upload a copy of the PO via the upload link below.

Signature: 
8/5/2026

Order Instruction

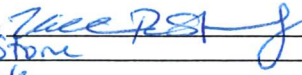
Click Here to view & <https://worldbook.my.salesforce-sites.com/QuoteResponse?t=0ccfd9bbc5c3693672f46c3bdf5bfa00>
Accept the Quote

By signing, the organization accepts the following terms and conditions:

School and library orders billed directly or placed under a purchase order are due net thirty (30) days from the invoice date. Taxes will apply unless a valid Tax Exemption ID is submitted. This order is subject to acceptance in Chicago, Illinois. The complete Terms and Conditions governing this order are available at <https://worldbookonline.com/wb/subscribe/Help?id=terms.html>. The Privacy Policy applicable to online products is available at <https://worldbookonline.com/wb/subscribe/Help?id=privacy.html>.

Signature

I confirm that I am authorized by the above Institution to make this purchase and that the institution will be responsible for the balance due in accordance with the terms specified.

Authorized Signature 
Print Name Bill Stone
Date 8/5/2026