## **Cold Spring Harbor Laboratory Press Examination Copy Request Form**

Date
□ Desk Copy (book already adopted) □ Examination Copy (book will be considered for adoption) □ Will Require OR □ Recommend Book Title
SBN
Course Number
Course Name
Enrollment Level Starting Date Text Decision Date
How frequently is this course taught? □ Every Semester □ Every Year □ Every Other Year  Text Now in Use  Name of Bookstore Used for Adoption Orders
nstructor's Name
Tel
nstructor's E-mail
We will not sell, share, or rent this information) Department
nstitution

Please scan and email to <a href="mailto:brown@cshl.edu">brown@cshl.edu</a>