Inspection Copy Request Form
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Date: / /

おなまえ **Name** Prof. / Dr. Mr. / Ms.

If you are teaching more than one, please indicate your main school.

学校名 **School**

学部名 **Dept/Faculty**

学校の種類 **School Type**

☐ College / Univ. / Senmongakko ☐ Jr./Sr. High School / Kosen ☐ Kindergarten / Elementary
☐ Company ☐ Language School ☐ Home ☐ Other ( )

Mailing Address Preference ☐ School ☐ Home (please tick one)

〒 – ご住所 Address

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>> I would like to receive more information regarding MyEnglishLab / Blended Learning: ☐ Yes ☐ No
>> I would like to receive a demo test paper of VERSANT™: ☐ Yes ☐ No

Title(s) Requested

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場合によっては採用見本請求にお応えできないこともございます。専門書、教師用指導書、オーディオ、ビデオ、各種マルチメディア教材は採用見本対象外です。予めご了承ください。

ISBN (978-)	Title	Level	Approx. # of Students

Various sample pages, audio and video available online. Please visit: www.longmanjapan.com

What kind of courses / course materials do you teach?

☐ Conversation (Listening & Speaking) ☐ Listening ☐ Speaking ☐ Reading
☐ Writing ☐ Pronunciation ☐ Grammar ☐ Idioms / Vocabulary
☐ Exams (TOEIC® / TOEFL® / IELTS) ☐ English for Specific Purposes ☐ Business ☐ Speech / Presentation
☐ Dictionaries / Corpus ☐ Graded Readers ☐ Multimedia ☐ Blended Learning
☐ Children (Kindergarten) ☐ Children (Elementary) ☐ Phonics ☐ Picture Books
☐ Other ( )

What title(s) are you currently using?

Title	# of Students	Text Decision Date	Bookstore / Bookseller