

**Stay on top of our
fast-changing
world, with NIE.**

✦ The Minnesota Star Tribune

NiE
NEWS IN EDUCATION

**2024-2025
PRINT COPIES CATALOG**

For school-wide digital access, fill out the
request form at StarTribune.com/nie



StarTribune.com/nie

PAID PRINT NEWSPAPER ORDER FORM - 3 OR MORE COPIES



ORDERED BY _____

SCHOOL NAME _____

SCHOOL PHONE NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

DELIVERY LOCATION

To ensure accurate delivery, check the following that best describes your delivery location: main entrance (door # _____)

loading dock door # _____ under the overhang lock box other _____

Building name _____

Please indicate the side of the building:

north south east west

Star Tribune is able to service only one delivery location per school.

PAYMENT METHOD

Pre-payment is required to receive newspapers and materials.

purchase order _____ (number)

check or money order enclosed (payable to Star Tribune-NIE)

credit card (check one): Mastercard Visa
 American Express Discover

NAME ON CARD _____ EXPIRATION DATE _____

ACCOUNT NUMBER _____ SIGNATURE OF CARDHOLDER _____

NEWSPAPERS ORDERED AND COST

For price inquiries, call 612-673-4929 or 1-800-927-9131.

_____ # of copies per day

_____ x delivery days

_____ = total newspapers ordered x 55¢ per copy

_____ = **TOTAL COST**

ORDER FORM INSTRUCTIONS

- Send a completed NIE order form with your payment.
- PRINT CLEARLY IN CAPITAL AND BLOCK LETTERS.
- Complete all sections of the NIE order form.
- We are only able to process orders on a yearly basis (July-June). You must complete a new order form and submit payment each year.

FAX FORMS TO: 612-673-4214

SCAN AND EMAIL TO:

circ.systems@startribune.com

ORDER FORM QUESTIONS

Email the News in Education Department at circ.systems@startribune.com

DELIVERY QUESTIONS

Contact Customer Service at circ.systems@startribune.com

PLEASE FILL OUT DELIVERY DAYS ON PAGE 2

PAID PRINT NEWSPAPER ORDER FORM - 3 OR MORE COPIES

Indicate the number of copies you would like delivered each day: (Minimum of 3 newspapers required per delivery day.)

MONDAY: # _____
TUESDAY: # _____
WEDNESDAY: # _____
THURSDAY: # _____
FRIDAY: # _____

- Place an 'S' on the day you would like delivery to start and an 'E' on the date you would like your delivery to end.
- Cross out with an X all non-delivery dates, including school holidays.
- If your order does not have consistent numbers and days of delivery, please fill in the number of newspapers you need for each delivery date.
- Calculate the number of days of delivery and number of papers for total newspapers ordered.

JULY '24				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

of delivery days: _____

AUGUST '24				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

of delivery days: _____

SEPTEMBER '24				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

of delivery days: _____

OCTOBER '24				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

of delivery days: _____

NOVEMBER '24				
M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

of delivery days: _____

DECEMBER '24				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

of delivery days: _____

JANUARY '25				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

of delivery days: _____

FEBRUARY '25				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

of delivery days: _____

MARCH '25				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24/31	25	26	27	28

of delivery days: _____

APRIL '25				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

of delivery days: _____

MAY '25				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

of delivery days: _____

JUNE '25				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

of delivery days: _____

SCHOOL ORDER FORM - FEWER THAN 3 COPIES PER DAY

To ensure that your order is processed in a timely and accurate manner, send a completed SCHOOL ORDER FORM with your purchase order or payment information.

- » Complete all sections of the order form.
- » Send only one copy.
- » Fax completed order to 612-673-4214 or scan and email to: circ.systems@startribune.com



SCHOOL INFORMATION

ORDERED BY _____ E-MAIL ADDRESS _____

SCHOOL NAME _____

SCHOOL PHONE NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DELIVERY LOCATION _____

BILLING INFORMATION

BILLING LOCATION _____

ATTENTION _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PAYMENT METHOD

- purchase order _____ (number)
- check or money order enclosed (payable to Star Tribune-NiE)
- credit card (check one): Mastercard Visa American Express Discover

NAME ON CARD _____ CARD NUMBER _____

EXPIRATION DATE _____ SIGNATURE OF CARDHOLDER _____

PRICING

METRO AREA	Monday - Friday	38 Wks \$142.50	\$.75 CENTS PER COPY
OUTSIDE METRO AREA	Monday - Friday	38 Wks \$152.00	\$.80 CENTS PER COPY
GREATER-MN MAIL DELIVERY	Monday - Friday	38 Wks \$190.00	\$1.00 PER COPY

USE THIS ORDER FORM IF YOUR SCHOOL ORDERS FEWER THAN 3 PAPERS PER DAY

SCHOOL ORDER FORM - FEWER THAN 3 COPIES PER DAY

- Use this order form if your school orders fewer than 3 papers per day.
- *Circle the first and last day of delivery on the calendar.
- Place an 'X' on the dates you do NOT need delivery.

JULY '24				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

of delivery days: _____

AUGUST '24				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

of delivery days: _____

SEPTEMBER '24				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

of delivery days: _____

OCTOBER '24				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

of delivery days: _____

NOVEMBER '24				
M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

of delivery days: _____

DECEMBER '24				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

of delivery days: _____

JANUARY '25				
M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

of delivery days: _____

FEBRUARY '25				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

of delivery days: _____

MARCH '25				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24/31	25	26	27	28

of delivery days: _____

APRIL '25				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

of delivery days: _____

MAY '25				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

of delivery days: _____

JUNE '25				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

of delivery days: _____