

University Training Program Order Form

Photocopy before completing

Date ____ / ____ / ____

Payment Information

Please print or type and complete all blanks. In "Charge To" section, indicate address where your credit card statement is sent to (if different from "Ship To" address).

Charge my credit card:

Visa MasterCard American Express Diners Club Discover

Card Number _____

Expiration Date _____

Authorized Signature _____

Purchase Order Number _____

Payment enclosed \$ _____

Exempt from state sales tax. (Please attach copy of certificate)

Cert. no. _____

Cert. Expiration Date _____

Professional Credentials

Choose One:

Test Purchaser Qualification Form attached

Licensed in (area): _____ State _____

License No.: _____ Exp. Date _____

Member of professional organizations (Circle all that apply.)

AACD AERA APA ASHA CEC NASP

PRSE NCME Other _____

Note: Orders must be accompanied by a purchase order or credit card number.

Charge to: (see note above)

Ship to: (if different from billing address)

Name _____

Name _____

Position _____

Position _____

Billing Address _____

Shipping Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone: (____) _____ Fax: (____) _____

Phone: (____) _____ Fax: (____) _____

E-mail address _____

E-mail address _____

Item and Packaging

Code Number

Quantity

Catalog Price

Total Price

Item and Packaging	Code Number	Quantity	Catalog Price	Total Price

* Shipping is prepaid and added to the invoice along with a handling charge (estimate 10% for ground shipping; 20% for air shipping to AK, HI, and rush orders; and 25% for international shipments). For orders under \$100.00, estimate \$10.00 for ground shipping and \$25.00 for air shipping to AK or HI, international shipments, and rush orders. Ground transportation available for AK and HI upon request—please contact Customer Service at 800.323.9540 for assistance.

Subtotal _____

Less 40% discount (must complete section below indicating course name, etc.)
(Discount does not apply to distributed products, central scoring, or training materials.)

State Sales Tax _____

Shipping and Handling* _____

Total _____

Course Title _____ Course # _____ Course Enrollment _____

Course Schedule _____

Instructor's Name _____
(Fall Winter Spring Summer)

Course Title _____ Course # _____ Course Enrollment _____

Course Schedule _____

Instructor's Name _____
(Fall Winter Spring Summer)

Department Chair/Program Director:

Course Instructor:

Name _____

Name _____

Signature _____

Signature _____

Your signature here reflects your agreement to:

1. Keep all test materials in locked files or restricted areas when not in use; and
2. Release materials to students or personnel who need them to meet course or research requirements upon approval of an appropriate faculty member.



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