



Work Sampling Online Renewal Registration

To pay by purchase order or credit card: Sign & Fax this form with a copy of your PO or credit card information
Questions? Please call us at 800-627-7271 Client Relations Hours: 7am – 6pm Central Time

License Information:

Contact Name _____
Job Title _____
Center/Agency _____
Number of Sites _____
Address _____
City _____ State _____
Zip/Postal Code _____
Phone _____
Fax _____
Email (required) _____
Renewal Subscription Start Date _____

Bill To:

Contact Name _____
Institution _____
Department _____
Address _____
City _____ State _____
Zip/Postal Code _____
Billing Contact Phone _____
Billing Contact Fax _____
Email _____

Item	# of Children	Price Per Child	Total Amount Fee
Work Sampling Online License			
Additional Data Storage in Archives			
Total			\$

Payment Method

Purchase Order Number _____ Attach this page with copy of PO	Credit Card: Master Card VISA Amex Card Number _____ Amount \$ _____ Expiration Date _____
Print Name _____	Signature _____

Prices are effective from January 1, 2008 to December 31, 2008 and subject to change without notice. Terms are balance net 30 days.
If prices on your order are incorrect, we reserve the right to exceed the amount up to 10% unless otherwise stated on your order.

I Agree to the following:

I authorize Pearson to ship this order and agree to the terms set forth in the current assessment Catalogue & PearsonAssessments.com, including the Terms and Conditions, Returns Policy, and Privacy Policy.
Any Pearson test products purchased under my account will be used in accordance with all applicable ethical and legal guidelines.
I have read and hereby apply Pearson's Clinical Assessment Terms and Conditions and Privacy Policy to all orders for my Account and will abide by them.

Signature _____ Date _____

Please fax this form with proof of payment to Pearson
Fax: 617-904-1655

Remittance Address: Pearson PO Box 1416 Minneapolis, MN 55440