

University Training Program Order Form

Photocopy before completing

Date ____ / ____ / ____

Payment Information

Please enclose a check, money order, or valid purchase order with all orders.

- Purchase Order enclosed. Number _____
- Check enclosed. Number _____
- Money Order enclosed.

IMPORTANT NOTE FOR CREDIT CARD USERS: For your security, we can only accept credit card orders through our secure website, www.riversidepublishing.com, or by phone at 800-323-9540.

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

Cert. no. _____

Cert. Expiration Date _____

NOTE: Orders from first time purchasers require a completed Test Purchaser Qualification Form.

Professional Credentials

Choose One:

- Test Purchaser Qualification Form attached
- Licensed In (area): _____ State _____

License Expiration Date _____

Member of professional organizations (Circle all that apply.)

AACD AERA APA ASHA CEC NASP
 PRSE NCME Other _____

Charge to: (See note above)

Name _____

Position _____

Organization _____

Billing Address _____

City _____ State _____ Zip _____

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

E-mail address _____

Ship to: (if different from billing address)

Name _____

Position _____

Organization _____

Shipping Address _____

City _____ State _____ Zip _____

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

E-mail address _____

Item and Packaging

Code Number

Quantity

Catalog Price

Total Price

Item and Packaging	Code Number	Quantity	Catalog Price	Total Price

*A shipping service fee is prepaid and added to the invoice. Estimate 10% (\$10.00 minimum) for ground shipping; 15% (\$10.00 minimum) for Second Day Air and shipping to AK and HI; 17% (\$20.00 minimum) for Next Day Air shipping and 25% for international shipments. Ground transportation available for AK and HI upon request.

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 Service Fee* _____

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:

Name _____

Signature _____

Course Instructor:

Name _____

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.

RIVERSIDE

 HOUGHTON MIFFLIN HARCOURT

3800 Golf Road, Suite 200, Rolling Meadows, IL 60008
 phone 800-323-9540 • fax 630-467-7192
www.riversidepublishing.com



CHOKING HAZARD (1).

Certain clinical assessments include manipulatives with small parts that may present a choking hazard for children under the age of eight. Do not allow the child to place any manipulative in their mouth. A trained adult examiner must always closely supervise the administration of clinical tests and the use of manipulatives by children.