



Continuing Education Unlimited

Quality Continuing Education For The Medical Professional

6231 PGA Blvd. / Suite 104, #306 / Palm Beach Gardens, FL 33418
 Phone: 888-423-8462 / Fax: 561-775-4933 / Web: www.4CEUINC.com / Email: Info@4CEUINC.com

WEIGHT BASED SHIPPING & HANDLING CHART FOR HOMESTUDY - (Based on US Postal Service rates)

| SHIPPING INSIDE FLORIDA | | | | SHIPPING OUTSIDE FLORIDA | | | |
|-------------------------|------------|---------------|--------------|--------------------------|------------|---------------|--------------|
| Wt. not over | Media Rate | Priority Mail | Express Mail | Wt. not over | Media Rate | Priority Mail | Express Mail |
| 1 pound | \$5.40 | \$8.25 | \$24.00 | 1 pound | \$5.40 | \$8.25 | \$28.00 |
| 2 pounds | \$5.75 | \$8.55 | \$25.15 | 2 pounds | \$5.75 | \$11.75 | \$30.00 |
| 3 pounds | \$6.00 | \$9.55 | \$26.35 | 3 pounds | \$6.00 | \$13.00 | \$34.40 |
| 4 pounds | \$6.55 | \$10.30 | \$27.75 | 4 pounds | \$6.55 | \$13.10 | \$38.10 |
| 5 pounds | \$6.95 | \$11.75 | \$39.35 | 5 pounds | \$6.95 | \$13.10 | \$41.85 |
| 6 pounds | \$7.30 | \$13.10 | \$34.25 | 6 pounds | \$7.30 | \$13.10 | \$45.55 |

Shipping Time : Media Rate- 1-2 weeks / Priority Mail - 2-6 days / Express Mail - Next Day Most Areas (Signature Required)
 ---- For destinations outside the Continental U.S. contact us for shipping and handling costs ----

ORDER PROCESSING NOTICE: Please allow 3 business days for Home Study orders to be processed.

****Although one check or credit card can be given for multiple orders, EACH person MUST fill out a sheet with their own information****

PLEASE SUBMIT THE FOLLOWING INFORMATION: (PLEASE PRINT CLEARLY)

SITE # (if applicable): _____ ARE YOU A RETURNING CUSTOMER? YES ___ NO ___

****MAILING ADDRESS: **IF USING A BUSINESS ADDRESS, PLEASE INCLUDE THE NAME OF THE BUSINESS IN ADDRESS 1****

| | | | | | |
|-----------------|------|------------|-------------|-----------|--|
| FIRST NAME: | M.I. | LAST NAME: | | | |
| ADDRESS Line 1: | | | | | |
| ADDRESS Line 2: | | | | | |
| ADDRESS Line 3: | | | | | |
| CITY: | | | STATE: | ZIP CODE: | |
| HOME PHONE: | | | WORK PHONE: | Ext. | |

*** WHEN INDICATING WHO ISSUED THE LICENSE, PLEASE LIST EITHER A STATE OR AGENCY, NOT BOTH ***

| | |
|---|---------------------------------|
| 1 st Lab Lic. # | Issuing State or Agency: |
| 2 nd Lab Lic. # (if applicable): | Issuing State or Agency: |
| 3 rd Lab Lic. # (if applicable): | Issuing State or Agency: |

THE FOLLOWING INFORMATION IS FOR ONLINE ACCESS TO YOUR CEU RECORDS:

EMAIL ADDRESS (cannot be shared by another enrollee on our site): _____

PASSWORD (4-16 characters. Letters, numbers, or a combination): _____

PAYMENT METHOD:

Personal Check
 Money Order
 Credit Card
 Corporate Check

Credit Card #: _____ EXP Date: ____ - ____



Name on Credit Card: _____
 Zip Code Cr. Card is Billed To: _____ Authorized signature: _____

ORDER INFORMATION:

| Format: | Course Code: | Course Name: | Weight: | Price |
|---------|--------------|--------------|-----------------|-------|
| | | | | |
| | | | | |
| | | | S&H: | |
| | | | Total: | |

****ADD SECOND SHEET IF NECESSARY****