

SITE #:

## Continuing Education Unlimited

6231 PGA Blvd, Suite 104 / #306 / Palm Beach Gardens, FL 33418

Phone: 888-423-8462 / Fax: 561-775-4933 / Web: www.4CEUINC.com / Email: Lab@4ceuinc.com

## **ORDER FORM**

FAX FORM TO: 561-775-4933 or MAIL FORM to address above (mailing a form will extend processing by approx. 7-14 days)

SHIPPING & HANDLING (Based on US Postal Service rates)					TRANSIT TIME	
Mailed Item	Pounds	Media Rate	Priority Mail	Express Mail	Allow 3 business days for Mail Processing	
- Supervisor Upgrades -	2 ½	\$7.45	\$11,50	\$48.00	MEDIA MAIL	1-2 weeks
Lab Management Text	shipped in 'envelope'	Ψ7.ΤΟ	<b>φ11.50</b>	φ <del>1</del> 0.00	PRIORITY MAIL	3-6 days
Combo Courses	3 ½	\$7.45	\$14.50	\$53.00	PICIONITI WAIL	3-0 days
- Printed Book -	shipped in box	· · ·	\$14.50	φυ3.00	EXPRESS MAIL	1-2 days

NOTE: Contact Us for shipping and handling costs for destinations outside the Continental U.S. ----

1.) PLEASE INDICATE YOUR SITE # AND FACILITY NAME BELOW (IF APPLICABLE):

**FACILITY:** 

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

	II.						
2.) PLEASE SUBM	IIT THE FOLLOWING INFORMATION	- PLEASE PRIN	IT CLEARLY:				
	WHEN USING A BUSINESS ADDRESS BELOV			SS NAME ON	ADDRESS - LINE 1		
YOUR FULL NAME:							
ADDRESS - LINE 1:							
ADDRESS - LINE 2:							
CITY:		STATE:		ZIP CODE:			
HOME PHONE:		WORK PHO	ONE:		Ext.		
Professional Licens	e Numbers:	·	·				
1 <sup>st</sup> License #	Issuing State <b>or</b> Agency:						
2 <sup>nd</sup> License #	Issuing State <b>or</b> Agency:						
3 <sup>rd</sup> License #	Issuing State <b>or</b> Agency:						
3.) LOGIN INFORM	IATION (GIVES YOU LOGIN ACCESS TO	YOUR PERSONAL	. CEU RECORDS A	I OUR WEBS	IIE):		
- <u>PLEASE NOTE</u> : EVEN IF YOU ARE NOT DOING ONLINE COURSES YOU <u>CAN</u> ACCESS YOUR CEU INFORMATION ONLINE! ONLINE COURSE TAKERS <u>ARE REQUIRED</u> TO PROVIDE THIS INFORMATION.							
EMAIL ADDRESS:	(*WE RESPECT YOUR PRIVACY)						
PASSWORD:							
4.) PAYMENT METHOD - (CHOOSE ONE BELOW):							

4.) PAYMENT METHOD - (CHOOSE ONE BELOW):						
OTHER	CHECK (Enter check # here:		CREDIT CARD			
CREDIT CARD #:					VISA	Master Card
CC's BILLING ZIP CODE:		CARD'S EXP DATE:			VISA	mastercalu
NAME ON CREDIT CARD:					AMERICAN	DUCOVER
AUTHORIZED SIGNATURE:					EXPRESS	N211 0000 0000 0000

5.) ORDER INFORMATION - (CHOOSE ONE BELOW):					
Course Code:	Course Name:	Weight:	Price		
S&H (if applicable):					
Total:					

- ADD SECOND SHEET IF NECESSARY -

