

Work Sampling Online Registration Form

П	New Registration							
H	Renewal							
Ш	Renewal	(Your License Name will display when viewing the Dashboard)						
П	Add-On Please provide your License Name:							
	(Your License Name will display when viewing the Dashboard)							
Licensee Information:			Billing Information (if different):					
Adr	ninistrator N	ame:	Name:					
Cer	iter/Agency:		Parent Company:					
Add	lress:							
City	//State/Zip:							
Pho	ne:							
Em	ail (required):	Phone:					
Sub	scription Da	te:						
					1		<u> </u>	
Item				Unit Price	# of Children	Price Per Child	Total Due	
Wo	rk Sampling	Online License					\$	
							\$	
*Add your state and local							\$	
Total							\$	
* If you are exempt, please include a copy of your state sales tax exempt certificate.								
Method of Payment								
	Purchase C	Order #:						
	Check encl	losed payable to NCS Pearson Inc. Check #: Amount:						
	Charge to: Please provide a phone number where a WSO Team member can contact you to obtain credit card information.							
	Phon	Number: Best Time to Call:						
Please attach this form with your purchase order and send via fax or mail to the information provided below. Checks MUST be mailed along with this form to the address provided below.								
Address: Fax: 800-232-1223								
	rson . Inhound 9	Sales & Customer Support	Ouestion: Please	Question: Please call us at 800-627-7271				
Attn: Inbound Sales & Customer Support PO Box 599700								
Sar	Antonio, Tک	(78259	Our hours are 7:00 a.m. – 6:00 p.m. Central Time, Monday - Friday					
Priva	ıcy at <u>www.ı</u>	rms set forth in the current catalog worksamplingonline.com. Any Pears	son test products p				l in	
accordance with all applicable ethical and legal guidelines.								

Signature: _____ Date: ____

