Continuing Education Unlimited

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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 <u>3 business days for</u> Mail Processing		
- Supervisor Upgrades -	2 1⁄2	\$6,25	\$11.50	\$30.00	MEDIA MAIL	1-2 weeks	
Lab Management Text	shipped in 'envelope'	φ 0.25	φ11.50	\$30.00	PRIORITY MAIL	3-6 days	
Combo Courses	3 1⁄2	\$6,75	\$16.25	\$53.00		3-0 uays	
- Printed Book -	box		φ10.25	φ <u></u> 55.00	EXPRESS MAIL	1-2 days	

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

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

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

2.) PLEASE SUBMIT THE FOLLOWING INFORMATION - PLEASE PRINT CLEARLY:

4CEUINC.com 888-423-8462

MAILING ADDRESS: WHEN USING A BUSINESS ADDRESS BELOW, YOU MUST INDICATE THE BUSINESS 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 License Numbers:

1 st License #	Issuing State or Agency:
2 nd License #	Issuing State or Agency:
3 rd License #	Issuing State or Agency:

3.) LOGIN INFORM	IATION (GIVES YOU LOGIN ACCESS TO YOUR PERSONAL CEU RECORDS AT OUR WEBSITE):
	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):						
OTHER	CHECK (Enter check # here:)			С	CREDIT CARD	
CREDIT CARD #:					VISA	MasterCard
CC's BILLING ZIP CODE:		CARD'S EXP DATE:			VISA	mastercalu
NAME ON CREDIT CARD:					AMERICAN	DUCOVER
AUTHORIZED SIGNATURE:					EXPRESS	5000 0000 0000

5.) ORDER INFORMATION - (CHOOSE ONE BELOW):						
Course Code:	Course Name:	Weight:	Price			
	S&H (if a	pplicable):				
		Total:				
- ADD SECOND SHEET IF NECESSARY						

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