



Continuing Education Unlimited

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>>>> **FAX TO: 561-775-4933** or **MAIL FORM** (mailing a form will extend processing by approx. 7-12 days) <<<<<

BOOK WEIGHTS: COMBO COURSES = 3 Pounds per Book / MANAGEMENT / SUPERVISION TEXTBOOK = 2 Pounds

SHIPPING AND HANDLING (Based on US Postal Service rates)				TRANSIT TIME	
Wt. not over	Media	Priority Mail	Express Mail (by Zip Code)	**Please allow up to 3 business days for Home Study orders to be processed**	
2 pounds	\$6.15	\$9.00	\$25.50	MEDIA MAIL	1-2 weeks
3 pounds	\$6.50	\$15.50	\$45.00		
4 pounds	\$6.75	\$15.50	Call	PRIORITY MAIL	3-6 days
5 pounds	\$7.40	\$15.50	Call		
6 pounds	\$7.75	\$15.50	Call	EXPRESS MAIL	1-2 days
7 pounds	\$8.15	\$15.50	Call		

---- For destinations outside the Continental U.S. or for weights over 7 pounds please contact us for shipping and handling costs ----

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

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

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

**** 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 PHONE:		Ext.	

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





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

3.) LOGIN INFORMATION (GIVES YOU LOGIN ACCESS TO YOUR PERSONAL CEU RECORDS AT OUR WEBSITE):

****PLEASE NOTE**:** EVEN IF YOU ARE NOT DOING ONLINE COURSES YOU CAN ACCESS YOUR CEU INFORMATION ONLINE! ONLINE COURSE TAKERS ARE REQUIRED TO PROVIDE THIS INFORMATION.

EMAIL ADDRESS:	(*WE RESPECT YOUR PRIVACY)
PASSWORD:	

4.) PAYMENT METHOD - (CHOOSE ONE BELOW):

OTHER _____	CHECK _____ (Enter check # here: _____)	CREDIT CARD _____	
CREDIT CARD #:			
CC's BILLING ZIP CODE:	CARD'S EXP DATE: _____ - _____		
NAME ON CREDIT CARD:			
AUTHORIZED SIGNATURE:			

5.) ORDER INFORMATION - (CHOOSE ONE BELOW):

Course Code:	Course Name:	Weight:	Price
			S&H:
			Total:

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