

CET NETWORKING EDUCATION - ORDER FORM

Complete and scan to **csm@cetweb.com** or Fax to **(865) 932-9894**

RECOMMENDED BY: WEBSITE: CONTACT AT CET: Referred by: _____

CLASS LOCATION: _____ DATE: _____

If you are not sure, enter "W/call W/Class", then just call with location as soon as known! Study guides will still be shipped upon payment.

NAME OF STUDENT (S): _____

NAME OF COMPANY (*Who does student work for?*): _____

SHIPPING ADDRESS: (*Address you would like the study guides SHIPPED to?*) _____

CITY: _____ STATE: _____ ZIP: _____

STUDENTS CELL #: _____ Office Fax: _____ Office#: _____

STUDENTS EMAIL ADDRESS (*Must have for materials*): _____

COMPANY EMAIL ADDRESS (*Important for paid receipt*): _____

COMPANY ADDRESS? (*Only if different than shipping address*) _____

CITY: _____ STATE: _____ ZIP: _____ Contact: _____

RCDD:
 RCDD Tuition Package: Qty: _____ x \$958.00 ea \$ _____
(Tuition package includes study workbook and 3-day Class)
 RCDD Study Guides only: Qty: _____ x \$480.00 ea \$ _____
 RCDD Flash Cards: Qty: _____ x \$161.00 ea \$ _____

CTS
 CTS Tuition Package: Qty: _____ x 595.00 ea \$ _____
(Tuition package includes study workbook and 2-day Class)
 CTS Study Guides only: Qty: _____ x \$350.00 ea \$ _____
 ESS Class Retake: Qty: _____ x \$350.00 ea S _____

DCDC:
 DCDC Tuition Package: Qty: _____ x \$854.00 ea \$ _____
(Tuition package includes study workbook and 2-day Class)
 DCDC Study Guides only: Qty: _____ x \$427.00 ea \$ _____
 DCDC Class Retake: Qty: _____ x \$500.00 ea \$ _____

OSP:
 OSP Tuition Package: Qty: _____ x \$854.00 ea \$ _____
(Tuition package includes study workbook and 2-day Class)
 OSP Study Guides only: Qty: _____ x \$427.00 ea \$ _____
 OSP Class Retake: Qty: _____ x \$500.00 ea \$ _____

Miscellaneous:
 Fundamentals Study Guide: Qty: _____ x \$450.00 ea \$ _____
 Replacement Certificate of Completion
(includes shipping) Qty: _____ x \$15.00 ea \$ _____

Totals:
 RCDD: \$ _____
 CTS: \$ _____
 DCDC: \$ _____
 OSP: \$ _____
 Shipping: ... (\$18.00 per package).... \$ _____
Grand Total: \$ _____

Notes:

Payment option (please circle one):
 Visa MasterCard AMEX Discover Cardholder Printed Name: _____

Card #: _____ Expiration Date: ____/____/____ Corporate: Personal:

Cardholder Signature: _____ Security Code on reverse: _____

P.O. # _____ Co. Ck: _____ Authorization # _____
(Must fax signed copy of PO prior to shipment) (14 day hold to clear) (for CET use only)

Billing Address for the Credit Card:
(Must also have street address if PO Box)
 City: _____ State: _____ Zip: _____

Please call with ANY questions: (865) 932-9881