

CET NETWORKING EDUCATION:
 Email to cetnetworking@cetweb.com or Fax (865) 932-9894

CUSTOMER INFORMATION

Order Date: _____ CLASS LOCATION/TYPE REQUESTED: _____

Class Dates: _____ (Or enter W/call & call with class choice. Study guides will ship upon payment)

REGISTRANT NAME: _____

Current BICSI Certifications: RCDD CTS DCDC OSP TECH INTC INSTF Other: _____

Plans to test for RCDD in future? Yes: No: Other Certifications you are interested in: _____

NAME OF EMPLOYER: _____

COMPANY ADDRESS: (For Credit Card Payments) _____
 _____ (STREET)
 _____ (CITY) _____ (STATE) _____ (ZIP)

SHIPPING ADDRESS: (For Study materials) _____
 _____ (STREET)
 _____ (CITY) _____ (STATE) _____ (ZIP)

REGISTRANT CELL _____ EMAIL _____

OTHER EMAIL ADDRESS (i.e., Accounting, Student's second email, etc.) _____

TRAINING PACKAGES

RCDD Tuition Packages

Career Advancement Package:
Includes 4 study guides, Answer key, Flash Cards, 3 days of live, Instructor led training [physical or virtual format] AND additional attendance in a 3 day, Instructor led Virtual class
 Qty: _____ x \$1750.00 ea \$ _____

Complete Tuition Package: *Workbooks, Flash Cards & 3-day Class, either physical Instructor led or Virtual Instructor Led*
 Qty: _____ x \$1358.00 ea \$ _____

Continuing Education Package: *Workbooks & 3-day Class, either physical Instructor led or Virtual Instructor Led*
 Qty: _____ x \$1158.00 ea \$ _____

RCDD Flash Cards: *Set of 500 Q&A, spiral bound, for study and reference*
 Qty: _____ x \$200.00 ea \$ _____

<p align="center">OSP Tuition Package</p> <p>OSP Tuition Package: <i>Package includes workbooks, answer key and 2-day Instructor-led virtual or physical class</i> \$954.00 Qty: _____ x \$ _____ ea \$ _____</p>	<p>RCDD Total: \$ _____</p> <p>OSP Total: \$ _____</p> <p>S&H (\$18.00 per shipment) \$ _____</p> <p>GRAND TOTAL \$ _____</p>
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PAYMENT DETAILS

Payment option
 Visa MasterCard AMEX Discover Cardholder Printed Name: _____

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

Cardholder Signature: _____ Security Code on reverse: _____

P.O. # _____ Payment by Company Check: _____
 (Must fax signed copy of PO prior to shipment of materials) (Materials ship when check is received)

Internal use only:
 Auth _____ Invoice _____ Tracking _____