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 ☐ INSTC ☐ 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 $_____

OSP Tuition Package

OSP Tuition Package: *Package includes workbooks, answer key and 2-day Instructor-led virtual or physical class*

$954.00

Qty: _____ x $[redacted] ea $_____

RCDD Total:	**$_____**
OSP Total:	**$_____**
S&H ($18.00 per shipment)	**$_____**
GRAND TOTAL	**$ _____**

PAYMENT DETAILS

Payment option
Visa ☐ **MasterCard** ☐ **AMEX** ☐ **Discover** ☐ **Cardholder Printed Name:** _____

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

Cardholder Signature: _____ **Security Code on reverse:** _____

P.O. # _____
(Must fax signed copy of PO prior to shipment of materials)

Payment by Company Check: _____
(Materials ship when check is received)

Internal use only:

Auth _____ ***Invoice*** _____ ***Tracking*** _____