

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

CUSTOMER INFORMATION TRAINING PACKAGES PAYMENT DETAILS

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.) \_\_\_\_\_

**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*

Qty: \_\_\_\_\_ x \$854.00 ea \$ \_\_\_\_\_

|                            |                 |
|----------------------------|-----------------|
| RCDD Total:                | \$ _____        |
| OSP Total:                 | \$ _____        |
| S&H (\$18.00 per shipment) | \$ _____        |
| <b>GRAND TOTAL</b>         | <b>\$ _____</b> |

**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 \_\_\_\_\_