

CET NETWORKING EDUCATION - ORDER FORM

Complete and 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: _____

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

CITY: _____ STATE: _____ ZIP: _____

STUDENTS CONTACT #: _____ FAX: _____ MAIN#: _____

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

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

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

CITY: _____ STATE: _____ ZIP: _____

<p>RCDD: RCDD Tuition Package: Qty: _____ x \$958.00 ea \$ _____ <small>(Tuition package includes study guides and 3-day Class)</small> RCDD Study Guides only: Qty: _____ x \$480.00 ea \$ _____ RCDD Flash Cards: Qty: _____ x \$161.00 ea \$ _____ RCDD Class Retake: Qty: _____ x \$478.00 ea \$ _____</p>	<p>ESS: ESS Tuition Package: Qty: _____ x 854.00 ea \$ _____ <small>(Tuition package includes study guides and 2-day Class)</small> ESS Study Guides only: Qty: _____ x \$427.00 ea \$ _____ ESS Class Retake: Qty: _____ x \$427.00 ea \$ _____</p>
<p>NTS (LAN): NTS Tuition Package: Qty: _____ x \$854.00 ea \$ _____ <small>(Tuition package includes study guides and 2-day Class)</small> NTS Study Guides only: Qty: _____ x \$427.00 ea \$ _____ NTS Class Retake: Qty: _____ x \$427.00 ea \$ _____</p>	<p>OSP: OSP Tuition Package: Qty: _____ x \$854.00 ea \$ _____ <small>(Tuition package includes study guides and 2-day Class)</small> OSP Study Guides only: Qty: _____ x \$427.00 ea \$ _____ OSP Class Retake: Qty: _____ x \$427.00 ea \$ _____</p>
<p>ITS Fundamentals: Fundamentals Study Guide: Qty: _____ x \$450.00 ea \$ _____</p>	<p>Totals: RCDD:\$ _____ ESS:\$ _____ NTS:\$ _____ OSP:\$ _____ Shipping: ... (\$15.00 per package).... \$ _____ Grand Total: \$ _____</p>

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

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

Cardholder Signature: _____

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

Card Holder's Name: _____
 (Must also have street address if PO Box)
 City: _____ State: _____ Zip: _____

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