NELSON EDUCATION

ASSESSMENT ORDER FORM

SHIP TO

Name: _____
Position: _____
School/Organization: _____
Address: _____
City/Province: _____
Postal Code: _____
Telephone: _____

BILL TO (If different from 'Ship To' address)

Name: _____
Position: _____
School/Organization: _____
Address: _____
City/Province: _____
Postal Code: _____
Telephone: _____

Payment Information

☐ P.O. #: _____
☐ Cash or Cheque
☐ VISA ☐ Mastercard ☐ AMEX Expiry Date _____

Card #_____
Customer Signature _____

Shipping Method

☐ Canpar
☐ UPS
☐ Express Post
☐ Purolator (please provide collect number upon ordering)
☐ Federal Express
☐ Other _____

QUANTITY	CATALOGUE CODE #	PRODUCT TITLE/EDITION	PRICE

SUB TOTAL	
SHIPPING* ($5.00 MIN.)	
APPLICABLE TAXES	
TOTAL	

☐ Test User Qualification Form attached
☐ University Training Discount Form attached
☐ Research Discount Request attached

NOTES:

*Shipping charges vary by weight, method, and destination.

How to Order

Mail: Nelson, 1120 Birchmount Rd., Toronto, ON, M1K 5G4 •
Email: inquire@nelson.com
Phone: Orders 416-752-9448 or 1-800-268-2222
Fax: Orders 416-752-9646 or 1-800-430-4445
Prices: All prices listed are Net and are subject to change without notice. •