



Pearson

Date: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

Promo Code: \_\_\_\_\_

Order Requested By: \_\_\_\_\_

Phone Number: \_\_\_\_\_

<b>Ordering Options</b>	<b>Mail</b>	<b>Phone</b>
	Pearson Canada Assessment, Inc. Customer Service 26 Prince Andrew Place Toronto, ON M3C 2H4	1-866-335-8418 Monday through Friday 9:00 a.m. to 6:00 p.m. ET

**Ship to:**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Bill to:**  Same as Ship To

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Customers Ordering a B- or C-level product must also complete a Registration Form.**

If you have any questions about Qualifications for Test Purchases or require a Qualifications Form, please visit our website at **PearsonClinical.ca** or contact our Customer Care department at **1-866-335-8418**.

**Would you like us to update our system with the information you have provided above?**  Ship to  Bill to  Not necessary

**Yes**, I would like to be added to Pearson Clinical Assessment Canada's email distribution list to receive eNews, updates and promotions.

Email address: \_\_\_\_\_

(Unsubscribe at any time—view our privacy policy at [www.PearsonClinical.ca/privacy](http://www.PearsonClinical.ca/privacy) for details.)

**Payment Information:**

Purchase Order PO #: \_\_\_\_\_  
**(required for Schools, Universities, Hospital and Government Agencies)**

Credit Card For your security, please contact a representative from our Customer Care Team by phone at 1-866-335-8418 to provide your credit card details.

Please have a representative contact me at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ upon processing of this order

Qty	Product ISBN	Complete Product Title, Components, and Packaging Information (Kit, Pkg of 25, etc.)	Unit Price	Total Price