



Work Sampling[®] Online Registration Form

<input type="checkbox"/>	New Registration	
<input type="checkbox"/>	Renewal	Please provide your License Name: _____ (Your License Name will display when viewing the Dashboard)
<input type="checkbox"/>	Add-On	Please provide your License Name: _____ (Your License Name will display when viewing the Dashboard)

Licensee Information:

Administrator Name: _____
 Center/Agency: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Email (required): _____
 Subscription Date: _____

Billing Information (if different):

Name: _____
 Parent Company: _____
 Department: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Email: _____

Item	Unit Price	# of Children	Price Per Child	Total Due
Work Sampling Online License				\$
				\$
			*Add your state and local tax	\$
			Total	\$

* If you are exempt, please include a copy of your state sales tax exempt certificate.

Method of Payment

<input type="checkbox"/>	Purchase Order #: _____		
<input type="checkbox"/>	Check enclosed payable to NCS Pearson Inc.	Check #: _____	Amount: _____
<input type="checkbox"/>	Charge to: Please provide a phone number where a WSO Team member can contact you to obtain credit card information. Phone Number: _____ Best Time to Call: _____		

Please attach this form with your purchase order and send via fax or mail to the information provided below. Checks MUST be mailed along with this form to the address provided below.

Address: Pearson Attn: Inbound Sales & Customer Support PO Box 599700 San Antonio, TX 78259	Fax: 800-232-1223 Question: Please call us at 800-627-7271 Our hours are 7:00 a.m. – 6:00 p.m. Central Time, Monday - Friday
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I agree to the terms set forth in the current catalog, including the Terms and Conditions, Returns Policy and Privacy at www.worksamplingonline.com. Any Pearson test products purchased under my account will be used in accordance with all applicable ethical and legal guidelines.

Signature: _____ Date: _____