

ORDER FORM

CQRID EXAM PREPARATION COURSE

Total number of courses ordering _____ at \$235.00 each.

I prefer: *(Check one)*

3-Ring Binder *(add \$10.00 shipping/handling)*

CD ROM *(no shipping/handling charges apply!)*

Shipping Information:

Name: _____

Company: _____

Shipping Address: _____
(We cannot ship to P.O. Boxes; please provide street address)

_____ City

_____ State

_____ Zip

Phone: Day (_____) _____ Eve (_____) _____

Payment Information:

Enclosed is my check in the amount of \$ _____ made payable to CQRID.

Please charge credit card (check one)

Visa MasterCard American Express

Card number _____ Exp. date _____

Name on Card _____

Signature of Cardholder _____ Date _____

You may mail, fax or phone your order with payment to:

CQRID

PO Box 16028

High Point, North Carolina 27261

Phone: (336) 883-1680 • Fax: (336) 801-6110