

MAIL-IN ORDER FORM: (please print)

Date: _____

Name of Participant: _____

Agency (if applicable): _____

Address to ship to:

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Please choose preferred method of completing the course:

- Hard Copy
- Electronic (e-mailed to you for completion on your computer)
- Hard Copy Book-Electronic Worksheets

Requested Home-study(ies):

Free shipping media rate -0-

OR

Priority shipping add \$8 _____

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Mail form and payment to:

Wise Communications LLC
PO Box 557
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