"Getting Ready to Test" Order Form

Use this form when placing orders by fax or by mail. Directions are found at the end of the order sheet. Simply use the print button on your browser to print this form.

Step 1 -- Select the "Getting Ready to Test" materials you wish to purchase (discounts available for bulk rates – call toll free (866) 431-4240 for more details)

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Getting Ready to Test Materials</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M404 – A Review &amp; Preparation Manual for Drug and Alcohol Credentialing Examinations</td>
<td>$149 EACH + Shipping</td>
</tr>
<tr>
<td></td>
<td>M404SUP – A Supplemental Review/Preparation Manual for the IC&amp;RC AAODA Credentialing Examination</td>
<td>$69 EACH + Shipping</td>
</tr>
<tr>
<td></td>
<td>W401 – The Written Examination</td>
<td>$52 EACH + Shipping</td>
</tr>
<tr>
<td></td>
<td>T405 – Online Sample Exam (A URL will be sent to the email address provided below)</td>
<td>$35 EACH + Shipping</td>
</tr>
<tr>
<td></td>
<td>O402 – The Oral Examination</td>
<td>$52 EACH + Shipping</td>
</tr>
<tr>
<td></td>
<td>CS405 – A Review and Preparation Manual for the Written Clinical Supervisor Examination</td>
<td>$79 EACH + Shipping</td>
</tr>
</tbody>
</table>

$18 shipping/handling needs to be added on all orders for USPS Priority Mail. If you are using a PO, an invoice with order totals will be sent to the email address provided below.

Step 2 – Personal and Payment Information – Be sure to enter ALL information requested. PLEASE PRINT.

Complete Name: ________________________________________________________________

Address: ___________________________________________________________________

City: ______________________  State: _______  Zip: ______________________

E-mail address: ______________________________________________________________

Daytime Phone Number: _______________________________________________________

Payment method:

Check _____  Money Order _____  Purchase Order _____ (PO Number __________________)

Credit Card: [ ] VISA       [ ] American Express   [ ] Discover    [ ] MasterCard

Name as it Appears on the Card: ______________________________________________

Card Number: __________________________  Expiration Date: _______ / _______  CVV: ______

Step 3 – Mail this form with payment (check, money order, credit card info) to:
DLC, LLC PO Box 240663 Apple Valley, MN 55124

Or Fax this form with credit card details to: 866-222-3461

Form Updated 01/2017