

GREEN'S PUBLISHING ORDER FORM



Name of Registered User: _____ WMT USER

Institution: _____

Street Address: _____ Suite: _____

City: _____ State / Province: _____

Zip / Postal Code: _____ Country: _____

Phone: () _____ Fax () _____

Email of registered user: _____

(Necessary to provide you with updates & access to WMT User Group)

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ORDER

- | | | |
|---|-----------|-------------|
| <input type="checkbox"/> Green's WMT for Windows one year unlimited use | \$ 300.00 | U.S. |
| <input type="checkbox"/> Green's MSVT for Windows with 30 test uses | \$ 300.00 | U.S. |
| <input type="checkbox"/> Green's NV-MSVT for Windows with 30 test uses | \$ 300.00 | U.S. |
| <input type="checkbox"/> Green's EPT for Windows with 20 test uses | \$ 200.00 | U.S. |
| ADD Shipping (via ExpressPost within North America) & Handling (12% of total):
<i>(For overnight courier, add an additional \$30.00 US)</i> | \$ _____ | U.S. |
| TOTAL: \$ _____ | | U.S. |

PAYMENT

- Cheque enclosed payable to: **GREEN & KRAMAR ACT LTD.**
 - Please invoice, cheque will be mailed to address below
 - Please invoice, P.O. Number: _____
 - Money will be transferred via wire to bank (for European customers)
 - VISA or Mastercard #: _____ Exp: ___ / ___
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Qualifications: Green's Publishing sells Green's WMT & MSVT only to qualified professional users. Orders must include the name of the psychologist who will be responsible for the use of the test.

Professional Credentials:

Highest degree attained: _____ Year attained: _____

Institution: _____ Major field: _____

PLEASE FAX THIS COMPLETED ORDER FORM TO 780-484-5631 OR
MAIL TO: #210, 17010 103 Avenue, Edmonton, Alberta, T5S 1K7, Canada