



CogScreen, LLC
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ORDER FORM

Date: _____ / _____ / _____
 Purchase Order No. _____

Shipping Address:

Customer Name: _____
 Address Line 1: _____
 Address Line 2: _____
 City/State/Zip: _____
 Country: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Billing Address:

Customer Name: _____
 Address Line 1: _____
 Address Line 2: _____
 City/State/Zip: _____
 Country: _____
 Phone: _____

Check here if billing address is same as shipping address.

Description	Quantity	Unit Price	Cost
License Set: CD-ROM and 5 Test		\$850.00	
1-10 Test Administrations		\$35.00 each	
11-99 Test Administrations		\$32.50 each	
100+ Test Administrations		\$30.00 each	
Additional License Sets (2-5 licenses)		\$650.00 each	
ELO Model 1522L LCD Touchscreen		\$559.00	
Mini PC Configured for CogScreen (refurbished/recertified Win XP laptops and desktops also available)		Call for Pricing	
Method of Payment: Payment required in advance. Please circle below. • Visa • Mastercard • Purchase Order • American Express • Check or Money Order Card#: _____ Security Code #: _____ Expiration Date: _____ / _____ Cardholder Name: _____ Signature _____	Subtotal		
	Sales Tax: (7%- Florida Customers Only)		
	Shipping: We bill actual FedEx Shipping Charge (No Charge for Test Admins or Touchscreen)		
	Total: (U.S.D)		
	Special Instructions:		

I understand the elements of testing essential to the appropriate use of standardized tests, and I have personal knowledge of professional testing standards (such as the APA-AERA-NCME Standards for Educational and Psychological Tests, 1985). I further warrant that I possess the appropriate training and competencies to use the assessment materials and services I seek to purchase. I agree that my use of such materials will adhere to applicable local and national laws and regulations and the ethical principles of my profession. I assume full responsibility for the proper use of the assessment material I order from CogScreen, LLC.

Signature _____

Date _____