



ORDER FORM - Please print clearly

Name how you'd like it on your certificate: _____

List any specific credential or license # that your board may require on the certificate _____

What State board are you trying to get training hours for? (list all) _____

Name of Company (only if Organizational order) _____

Shipping address: _____

City/State/Zip: _____

Daytime phone (_____) _____

Email: _____

SINGLE PERSON ORDER

Courses Desired: List names of each course you wish to order.

1. _____

2. _____

3. _____

4. _____

5. _____

Use back of order form if more space is needed

Calculate your total and remember to take a 10% discount off 2 courses, 15% discount off 3 courses and 20% discount off 4 or more courses

GROUP ORDERS

If you are taking advantage of our GROUP DISCOUNT order, you pay FULL price for the first person, and 1/2 price for each additional person. This is explained on our Discount web page.

Contact Person: (Person to whom we mail trainings)_____

Please print the full name of each "buddy" as they'd like it on their certificate(s) ONLY if you know who's taking the trainings. If you're not sure who will be taking the training(s), then simply pay full price for each course. Again, details can be found on the link above.

Mail this page with payment to:

Laban's Trainings

PO Box 126307

Harrisburg PA 17112