



# PAL® Services/WAP, Inc. Materials Order Form



**This form MUST accompany all payment information.**

NOTE: Material Packets/Manuals may ONLY be supplied to people who have completed a PAL® Services sponsored Adult Training.

Name: \_\_\_\_\_ Date Trained: \_\_\_\_\_

Organization/School/ISD: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: [ ] Check if same

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

**Materials** (When ordering multiple Packets/Manuals, please **list each person** who will receive materials and the **dates they were trained**. Not required for Student Handbooks. Material Packets include one Student Handbook.)

High School Material Packet (2003 Edition).....QTY \_\_\_\_\_ x \$160 per unit = Total \$ \_\_\_\_\_

Middle School Material Packet (2003 Edition).....QTY \_\_\_\_\_ x \$160 per unit = Total \$ \_\_\_\_\_

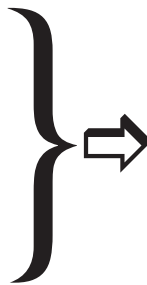
Elementary School Manual.....QTY \_\_\_\_\_ x \$160 per unit = Total \$ \_\_\_\_\_

High School Student Handbook.....QTY \_\_\_\_\_ x \$10 per unit = Total \$ \_\_\_\_\_

Middle School Student Handbook.....QTY \_\_\_\_\_ x \$10 per unit = Total \$ \_\_\_\_\_

**Standard Shipping and Processing Charges**

For orders subtotaling	S/H Charge
\$15.00 and less	\$4.95
\$15.01 to \$25.00	\$6.00
\$25.01 to \$45.00	\$8.00
\$45.01 to \$65.00	\$11.00
\$65.01 to \$90.00	\$14.00
\$90.01 to \$125.00	\$17.00
\$125.01 to \$200.00	\$21.00
\$200.01 + over	add 10% of total



**SUBTOTAL** = \$ \_\_\_\_\_

**SHIPPING** = \$ \_\_\_\_\_

**TOTAL** = \$ \_\_\_\_\_

**Method of Payment:** (Please provide Check/PO # and copies of your PO with your order)

Check # \_\_\_\_\_  PO # \_\_\_\_\_

**Please submit this form and all payments to:**

**Workers Assistance Program, Inc.**

4115 Freidrich Lane, Suite 100 Austin, TX 78744

Phone: 800-522-0550 Fax: 512-345-5366

**\*\*For Use at Registration Only\*\***

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**Total Paid:** \$ \_\_\_\_\_ **Balance Due:** \$ \_\_\_\_\_ **Initials of PAL® Staff Verifying transaction:** \_\_\_\_\_

*When a balance remains, the responsible organization will be mailed an invoice.*

I acknowledge receipt of the materials indicated above and certify that the above organization is aware of the transaction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_