# Customer Account Information

Customer Account Owner Number __________________________

Account Owner Name ____________________________________________________________________

Account Owner E-mail address ____________________________________________________________________

Account Owner Phone ________________________________________

# Activate and Ship to

Name ____________________________________________________________________

Title ______________________________________________________________________

Organization ____________________________________________________________________

Street ______________________________________________________________________

City ___________________________ State _______ Zip ___________ + __ __ __ __

Phone ( ) ____________________________

Fax ( ) ____________________________

E-mail ______________________________________________________________________

# RehaCom® Licenses & Equipment

<table>
<thead>
<tr>
<th>Product Number</th>
<th>ISBN</th>
<th>Price*</th>
<th>Select Quantity</th>
<th>Sub-Total</th>
</tr>
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<tbody>
<tr>
<td>Annual Licenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year license with panel</td>
<td>0150303033</td>
<td>$1,495.00</td>
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<tr>
<td>2 year license with panel</td>
<td>0150303041</td>
<td>$2,495.00</td>
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<tr>
<td>RehaCom 3 year license with panel</td>
<td>015030305X</td>
<td>$3,495.00</td>
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<tr>
<td>Annual Renewal Licenses</td>
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<td>1 year renewal license</td>
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<td>$1,250.00</td>
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<td>2 year renewal license</td>
<td>0150303017</td>
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<td>3 year renewal license</td>
<td>0150303025</td>
<td>$3,000.00</td>
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<tr>
<td>Quarterly Licenses</td>
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<td></td>
</tr>
<tr>
<td>Quarterly (3 month) license including licence dongle</td>
<td>0150303068</td>
<td>$395.00</td>
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<tr>
<td>Quarterly (3 month) license including RehaCom panel</td>
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<td>$395.00</td>
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<tr>
<td>RehaCom Equipment</td>
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<tr>
<td>Panel</td>
<td>0150303092</td>
<td>$585.00</td>
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<td>Chin rest</td>
<td>0150303327</td>
<td>$200.00</td>
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Prices are valid through December 31, 2018 and are subject to change without notice.

# Payment

☐ Purchase Order # ____________________________

☐ Check enclosed payable to NCS Pearson, Inc. Check # Amount $ ____________

☐ Credit card: *Please provide the best contact number to reach you between the hours of 7:00 am and 6:00 pm Central Time:

Phone Number ____________________________

Fax ( ) ____________________________

E-mail ______________________________________________________________________

*Pearson can only accept credit card payments through the e-commerce portal, call center, or remote call centers at selected events. Credit card information is not accepted via paper orders to protect your personal information.

# Shipping

Subtotal $ ____________

Add your state and local tax $ ____________

-Call for shipping information $ ____________

Total $ ____________

# Authorization, Prices and Terms

Prices effective from January 1, 2018 to December 31, 2018 and subject to change without notice.

Terms are balance net 30 days. Risk of loss is FOB destination with shipping charges added to invoice.

I authorize Pearson to ship this order and agree to Pearson’s Terms and Conditions of Sale and Use of Pearson Products, their Qualification Policies, and their Return Policy.

Signature ____________________________

Title ____________________________ Date ____________
QUALIFICATION POLICIES & USER ACCEPTANCE FORM

User Acceptance Form

*Name ____________________________
*Organization Name ____________________________
*Telephone ____________________________ *Fax ____________________________
*E-mail ____________________________
*Address ____________________________
*City ____________________________ *State ____________________________ *Zip ____________________________
*Country ____________________________

1. Professional Title
   - [ ] Audiologist
   - [ ] Consultant/Specialist-Education
   - [ ] Counselor-Family/Mental Health/Substance Abuse
   - [ ] Counselor-Vocational/Academic
   - [ ] Director-Clinical Training
   - [ ] Early Childhood Professional
   - [ ] Education Professional
   - [ ] Educational Diagnostician
   - [ ] Human Resources Professional
   - [ ] Nurse
   - [ ] Occupational Therapist
   - [ ] Physical Therapist
   - [ ] Physician
   - [ ] Principal
   - [ ] Professor
   - [ ] Psychiatrist

2. Primary Work Setting:
   - [ ] Public School
   - [ ] Private School
   - [ ] Post-Secondary 4-year
   - [ ] Post-Secondary 2-year
   - [ ] Technical/Vocational College
   - [ ] Head Start
   - [ ] Daycare/Preschool
   - [ ] Other: __________________________________________

3. Highest professional degree attained:
   - [ ] Degree ____________________________
   - [ ] Major Field ____________________________
   - [ ] Year ____________________________
   - [ ] Institution ____________________________

4. Course work completed in Tests and Measurement: yes or no
   - [ ] Yes ____________________________
   - [ ] No ____________________________
   - [ ] Course ____________________________
   - [ ] Institution ____________________________
   - [ ] undergraduate level
   - [ ] graduate level

5. Valid license or certificate issued by a state regulatory board:
   - [ ] Certificate/License Type ____________________________
   - [ ] Number ____________________________
   - [ ] Certifying or Licensing Agency ____________________________
   - [ ] State ____________________________
   - [ ] Expiration Date ____________________________

6. I have Full and Active Membership in the following Professional Organization(s):
   - [ ] ASHA
   - [ ] AOTA
   - [ ] APA
   - [ ] AERA
   - [ ] ACA
   - [ ] CEC
   - [ ] AEA
   - [ ] NAEYC
   - [ ] NBCCC
   - [ ] Other: __________________________________________

   Member No. ____________________________
   Member Type ____________________________

I agree:
- [ ] To update my information upon request.
- [ ] I am qualified to properly use any Pearson Products I order, and I have provided Pearson with only accurate and true qualification information.
- [ ] Any Pearson Products purchased under my account will be used by me and/or under my supervision.
- [ ] Any Pearson Products purchased under my account will be used in accordance with all applicable legal and ethical guidelines.
- [ ] I have read and hereby agree to and accept Pearson’s Terms and Conditions of Sale and Use of Pearson Products on all orders for my account and will abide by the Pearson Terms and Conditions and Qualification Policies (as may be modified or amended at PearsonClinical.com).
- [ ] I will not resell or reproduce any Pearson Products.
- [ ] Any violation of Pearson’s Terms and Conditions of Sale and Use may result in the revocation of my right to purchase as a qualified User. If there are any changes that may affect my qualification to purchase, I will immediately notify Pearson of such changes.

*Signature ____________________________________________________________________
*Date ____________________________________________________________________

*Required Fields

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