

CYTTAP Project Order Form for Instructor Modules in sustainability states

COMPLETE this form legibly in ink.

Mail this form with payment to:

Penn State Better Kid Care
341 N. Science Park Road, Suite 208
State College, PA 16803

Or fax to : 814-865-7893

For office use only

Date Received _____

Transaction # _____

CCO# _____

Questions? Call 800-452-9108

Section 1: Shipping Information		Indicate if address is: <input type="checkbox"/> Home <input type="checkbox"/> Business
Name		Business Name
Address		City
State	Zip	County
Phone	Fax	E-mail

Section 2: Required For Processing This Order:	
Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Social Security # (Last 5 digits only): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 3: Module Selection			
Title	Quantity	Unit Cost (\$35.00 each)	Total Cost
		× \$35.00	
		× \$35.00	
		× \$35.00	
		× \$35.00	
		× \$35.00	
Attach an additional page if more space is needed.			\$

Section 4: Method of Payment (prepayment is required)—DO NOT SEND CASH	
<input type="checkbox"/> Check/Money Order (payable to The Pennsylvania State University) is enclosed (A \$10 charge will be assessed for all returned checks)	
Check /Money Order#	
<input type="checkbox"/> Charge to: <input type="radio"/> Visa <input type="radio"/> MasterCard	Expiration Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Cardholder's Name: (as listed on card)	
Cardholder's E-mail Address:	Cardholder's Telephone: ()
Credit Card Number:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Cardholder's Signature: (Authorizes total amount to be charged)	