

MAPP ORDER FORM

P.O. Box 6178, Kokomo, IN 46904-6178

Voice: 800-292-4968 or 765-452-0787 Fax: 765-452-0787

diagnosticcounselingservices.com or themapptest.com jcraig@diagnosticcounselingservices.com

Name _____ Title _____

Agency Name _____

Billing Address _____

Shipping Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

(We do not rent or sell your information to anyone.)

	Quantity	Item Total
Test Manuals @ \$45.00	_____	_____
Spanish & French Translation Pkg.@ \$25.00	_____	_____
Test Answer Booklets (50 tests per pkg.):		
5 + pkgs. @ \$70.00 ea.	_____	_____
1— 4 pkgs. @ \$80.00 ea.	_____	_____
Optional Computer CD Pkg.	_____	_____
(Includes 50 Tests @ \$210.00 per CD)		
SUBTOTAL		\$ _____
Shipping & Handling @ 10%		\$ _____
TOTAL COST OF ORDER		\$ _____

Please feel free to duplicate. copy, cut and/or paste this order form for your use. You may order by e-mail, phone, fax, or mail.

INDICATE METHOD OF PAYMENT

Payment enclosed (check or money order to Diagnostic Counseling Services, Inc.)

Purchase order enclosed

Bill me

Charge Card (Master Card) (Visa)

Name on Card _____ Card # _____

CVV# (3-digit # on back of card) _____ Expiration Date _____