



pathways
to excellence

Purchase Order Request

Agency: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Email: (required) _____

Phone: _____ Fax: _____

Today's Date: _____

Name of Course(s) you would like to purchase:

_____ Cost: _____

_____ Cost: _____

_____ Cost: _____

_____ Cost: _____

Total Cost: _____

Payment:

Enclosed is a ___check or ___PO# for \$_____ for the above program(s)
PO# _____
(Make checks payable to Pathways to Excellence)

Charge my credit card: ___Visa ___Mastercard ___AmerExp ___Discover
Name on Card: _____
Billing Address **for credit card:** _____
City _____ State _____ Zip _____
Account # _____
Expiration Date: _____ Verification #: _____ (3 digit # on back of card)
TOTAL AMOUNT ENCLOSED/CHARGED: \$ _____
PO# _____ (if applicable)

Ways to Order:

Mail order form to: Pathways to Excellence, Teresa Gilbert
1890 Old Metropolis Road, Vienna IL 62995

Fax registration to: Pathways to Excellence, 618-223-5181

Order online: Click on link from webpage and purchase with credit card

Questions: Teresa Gilbert, 618-658-2554

(618) 658-2554
teresa@teresagilbert.com
www.teresagilbert.com
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