

# Order Form

90-day money-back guarantee



## How to order

**Online:**  
www.wpspublish.com

**Phone:**  
800.648.8857 or 424.201.8800

**Fax:**  
424.201.6950

**Mail:**  
625 Alaska Avenue, Torrance, CA 90503

## Order information

Product no.	Product name	Quantity	Unit price	Total

### Prices are subject to change.

If there has been a price increase in the materials listed above, please do not ship my order. Return this form to me with current prices indicated.

- Please send me a free WPS Catalog.
- I am interested in participating in standardization and validation research involving WPS tests.
- Please send me a free Creative Therapy Store Catalog featuring toys, books, and games.
- Please send me a free Creative Therapy Store Calendar.

### Materials total

### Shipping and handling

10% U.S. (minimum \$5.00)  
20% Canada (minimum \$10.00)  
25% outside U.S. and Canada (minimum \$25.00)  
*Note: For most computer CDs and DVDs there is no shipping and handling charge within the U.S. (Check product description for "Free U.S. Shipping.")*

### Subtotal

**Sales tax**  
(Calculated on subtotal; California shipments only)

### TOTAL DUE

### Shipping address *UPS deliveries cannot be shipped to P.O. boxes.*

Check one:  Organization  Residence

Organization name (if applicable): \_\_\_\_\_ User name: \_\_\_\_\_

Professional title: \_\_\_\_\_ Highest professional degree: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Daytime telephone no.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Shipments outside the U.S., please provide fax no.: \_\_\_\_\_

### Payment options

Check or money order enclosed.

Credit card: Please charge to my credit card the correct "Total Due" based on current prices.  Visa  MasterCard  American Express  Discover

Name on credit card: \_\_\_\_\_ Phone no. (required): \_\_\_\_\_

Credit card no.: \_\_\_\_\_ Exp. date: \_\_\_\_\_ Security code: \_\_\_\_\_

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

### Billing address *If different from shipping address.*

Check one:  Organization  Residence

Organization name (if applicable): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Daytime telephone no.: \_\_\_\_\_ E-mail address: \_\_\_\_\_