

**Phone:**  
800.648.8857 or 424.201.8800

**E-mail:**  
gsap@wpspublish.com

**Fax:**  
424.201.6950

## Requested items

Quantity	Product number	Product name
1		
1		
1		
1		
1		

**NOTE: Each eligible instructor can receive up to five eligible titles per calendar year.**

**Description of course(s)** or program of training, including the course number(s) as applicable:

---



---



---



---

## Contact information

Full name and degree qualifications of instructor: \_\_\_\_\_

Institutional e-mail address of instructor: \_\_\_\_\_

E-mail address of other person needing notification  
(e.g., instructor's assistant, department purchaser): \_\_\_\_\_

Daytime telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Institution name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

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

**Institutional shipping address** *(if different from above) NOTE: This must be a full street address. UPS deliveries cannot be shipped to P.O. boxes.*

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

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

## Additional information

Number of students: \_\_\_\_\_ Students' level of study (e.g. master's, doctorate): \_\_\_\_\_

Additional notes: \_\_\_\_\_

---



---

Please send me a free WPS Catalog.  I am interested in participating in standardization and validation research involving WPS tests.