



# New Staff Orientation Refresher Better Kid Care Out-of-State Order Form

For office use only Transaction # _____ CCO# _____
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## Order Information

Item #	Quantity	Description of Materials/Title of Lesson(s)	Unit Cost	Total Cost
		NSO Refresher Workbook & DVD	\$45.00	
<b>TOTAL AMOUNT DUE</b>			<b>\$</b>	

## Shipping Information *(Please allow 3-4 weeks for delivery of ordered materials)*

Ship to:  Residence  Business

Name <small>(Person placing order)</small>		Business Name
Address		City
State	Zip	County
Phone ( )	Fax ( )	E-mail

**MAIL** with payment to: Penn State Better Kid Care  
Distance Education Program  
253 Easterly Parkway  
State College, PA 16801

**FAX** with credit card number information to: 814-865-7893  
**PHONE** with credit card information to: 814-863-0339

## Method of Payment *(prepayment is required)* DO NOT SEND CASH

<input type="checkbox"/> <b>Check</b> (payable to <b>The Pennsylvania State University</b> ) is enclosed <small>(A \$10 charge will be assessed for all returned checks)</small>	Check # _____
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<input type="checkbox"/> <b>Charge to:</b>	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	EXPIRATION DATE	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
				MONTH / YEAR
<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"/>	
CARD NUMBER				
Cardholder's Name: <small>(as listed on card)</small>				
Cardholder's E-mail Address: <small>(Electronic receipt is sent when payment is processed)</small>				
Cardholder's Signature: _____ <small>Authorizes total amount to be charged</small>				