



Peak Development Resources[©] Order Form

Additional Information:

Tax ID#: 54-1899667
Phone: (804) 233-3707
Fax: (804) 233-3705
Email: editor@peakdev.com

Dear Customer:**Please use this form to order your subscription for:**

- _____ Peak Development for... Nursing Assistants
- _____ Peak Development for... Long-Term Care Nursing Assistants
- _____ Peak Development for... Home Health Aides
- _____ Peak Development for... Health Unit Coordinators
- _____ Peak Development for... Medication Administration

PLEASE NOTE:

All orders must be accompanied by this form, complete with signature and email address. Thank you!

Email Address: _____**Name:** _____**Title:** _____**Facility Name:** _____**Address:** _____**City:** _____ **State:** _____ **Zip:** _____**Phone:** _____ **Fax:** _____

I understand that I am purchasing a site license for Peak Development Resources Competency Assessment System(s). Newsletters, Competency Assessment Tools, and tracking forms may be reproduced for my individual facility only and **may not be shared with any other freestanding facility within or outside of my corporate entity.**

SIGNATURE: _____ **Verifying Single-Site Use****PAYMENT INFORMATION:****Cost :** \$225.⁰⁰/annually per site for each product (12 monthly issues)**Number of sites =** _____**Order Total: \$** _____ **Please check payment method below and provide requested information**

_____ Payment enclosed – Check payable to Peak Development Resources, LLC

_____ Credit Card (circle one):

VISA MASTERCARD AMERICAN EXPRESS

Credit Card Number: _____

Expiration Date: _____

Print Name on Card: _____

Authorized Signature: _____

_____ Purchase order attached – Purchase Order #: _____

Billing Address (person/address to receive invoice):

Name: _____

Title: _____

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

**Orders may be faxed to: (804) 233-3705 Orders may be mailed to: Peak Development Resources, LLC
P.O. Box 13267
Richmond, VA 23225**