



Peak Development Resources[©] Product Order Form

Additional Information:

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

PRODUCT ORDER: (check the product(s) you wish to order)

- 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

NOTE:

We must have your email address to process your order. Please provide under "Contact Information."

CONTACT INFORMATION (person to receive monthly newsletter):

Name: _____

Title: _____

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____ Fax: _____

I understand that I am purchasing a site license for a 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 (Shipping and handling included in price):** \$200.⁰⁰/annually per site for each product (12 monthly issues)Order Total: \$ _____ **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