



# School Data Order Form

Name: \_\_\_\_\_

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

School/Program: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please indicate how you would like to receive the school data:

Phone: \_\_\_\_\_

Email:  FedEx\*

*\*Please provide a street address as required for Federal Express delivery.*

## Ordering Information – Annual data available from 2011 through 2018

To order, fill in the circles corresponding to the exams and years you are requesting. Individual data sets are available for \$100 per year, per exam category. For individual sets, total the number of circles filled in and multiply by \$100 for amount due. Five-year sets can be purchased for \$400 (one exam category), \$600 (two exam categories), or \$800 (three or four exam categories). There is a \$25 fee for additional copies of a report previously developed for your school.

Exam Category	2011	2012	2013	2014	2015	2016	2017	2018
Bachelors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Generalist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL</b>								

Total number of individual sets ordered: \_\_\_\_\_  
*(specified above)* x \$100

PAYMENT DUE: \_\_\_\_\_

Five-year set ordered: *(specify years above)*

1 exam category ..... \$400  
 2 exam categories ..... \$600  
 3 or 4 exam categories ..... \$800

PAYMENT DUE: \_\_\_\_\_

## Method of Payment

Visa    MasterCard    Discover    Check or purchase order, payable to ASWB (**POs are not processed until payment is received**)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Credit Card's Billing ZIP Code: \_\_\_\_\_

CID Number (last 3 digits from back of card in signature panel): \_\_\_\_\_

## Signature

This order form **MUST** be signed by the dean or director of the school or program requesting data. Orders cannot be filled without a signature.

Name (please print): \_\_\_\_\_

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

Title: \_\_\_\_\_

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

**Mail completed forms to:**

**ASWB**  
**P.O. Box 1508**  
**Culpeper, VA 22701**

**Credit card orders may be faxed to:**  
**540.829.0142**