



# School Data Order Form

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 School/Program: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ *\*Please provide a street address as required for Federal Express delivery.*

## Ordering Information – Annual data available from 2005 through 2016

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	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL												

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