



**CogScreen, LLC**  
 200 Central Avenue, Suite 1230  
 St Petersburg, FL 33701 USA  
 Phone: 1-202-686-6870  
 Fax: 1-727-897-9009  
 Email: [gary@cogscreen.com](mailto:gary@cogscreen.com)  
 Website: [www.cogscreen.com](http://www.cogscreen.com)

## ORDER FORM

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

Purchase Order No. \_\_\_\_\_

### Shipping Address:

Customer Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Country \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

### Billing Address:

Customer Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Country \_\_\_\_\_  
 Phone \_\_\_\_\_

Description	Quantity	Unit Price	Cost
<b>License Set: CD-ROM and 5 Test Admins</b>		<b>\$850.00</b>	
<b>1-10 Test Administrations</b>		<b>\$35.00 each</b>	
<b>11-99 Test Administrations</b>		<b>\$32.50 each</b>	
<b>100+ Test Administrations</b>		<b>\$30.00 each</b>	
<b>Additional License Sets (2-5 licenses)</b>		<b>\$650.00 each</b>	
<b>ELO Model 1522L LCD Touchscreen</b>		<b>\$559.00</b>	
<b>Mini PC configured for CogScreen</b>		<b>\$350.00</b>	
<b>Method of Payment:</b> <b>Payment required in advance. Please circle below.</b> <ul style="list-style-type: none"> <li>• Visa, MasterCard</li> <li>• American Express</li> <li>• Purchase Order</li> <li>• Check or Money Order</li> </ul> Card #: _____ Security Code #: _____ Expiration Date: _____ Cardholder Name: _____ Signature: _____	<b>Subtotal:</b>		
	<b>Sales Tax:</b> (10%-Washington DC Customers Only)		
	<b>Shipping:</b> We bill actual FedEx Shipping Charge (No Charge for Test Admins or Touchscreen)		
	<b>Total:</b> (U.S.D.)		
	<b>Special Instructions:</b>		

I understand the elements of testing essential to the appropriate use of standardized tests, and I have personal knowledge of professional testing standards (such as the APA-AERA-NCME Standards for Educational and Psychological Tests, 1985). I further warrant that I possess the appropriate training and competencies to use the assessment materials and services I seek to purchase. I agree that my use of such materials will adhere to applicable local and national laws and regulations and the ethical principles of my profession. I assume full responsibility for the proper use of the assessment material I order from CogScreen, LLC.

Signature \_\_\_\_\_

Date \_\_\_\_\_