Continuing Education 360

Order Form

CONTINUING EDUCATION 360 | 1818 L Street, Unit 807 Sacramento CA 95811

Federal Tax ID: 20-5261678

Email: continuinged360@gmail.com

	NFORMATION						
BILL TO:			SHIP TO	:			
Name/Contact			Name/Cont	Name/Contact			
Company			Company	Company			
Address			Address				
Address			Address				
City	State	Zip	City	State	Zip		
Telephone	FAX	FAX		Email (REQUIRED)			
PURCHASE C	ORDER INFORMAT	ION					
Purchase order	must be accompanied	d by this order form.					
Purchase order	number:						
□Check or money order enclosed.			□Charge VISA, Mas	sterCard, Discover, AN	ИEX		
Card number		Exp date ((mm/yr) C\	/C.no Signa	 ture		

PLACE YOUR ORDER

Which website/profession is this intended? (Circle one.)

Athletic Trainer 360 | Diabetes Educator 360 | Dietitian 360 | Dietary Manager 360 | NANP 360

Title	Туре	Quantity	Price	Cost
	□Course or □CE exam?			
	□Course or □CE exam?			
	□Course or □CE exam?			
	□Course or □CE exam?			
SUBTOTAL				
Sales tax				-0-
Shipping				FREE
TOTAL				