



**Professional Development Subscription
Program Order Form – Prepaid
(Goddard Schools)
Effective October 1, 2017**



Multi-User License

Center/School/Corp Name: _____
Primary Contact/Admin: _____
Title: _____
Address: _____
City, State, Zip: _____
Phone: _____
Alternate Phone: _____
SSN*: _____
Email Address: _____
Start Date: _____ End Date: _____
Admin Access: <input type="checkbox"/> Yes <input type="checkbox"/> No

Product Code	Product Description	Pricing	Qty.	Net Price
Center Based Unlimited Annual Subscription Plan				
BULK-PD-5 [†]	Center Based Licenses (minimum of 20 licenses required)	[]	[]	[]
	Grand Total			[]

*The disclosure of your Social Security Number is optional. ChildCare Education Institute (CCEI) will use this information only for administrative purposes, as more specifically set forth in our privacy policy. Non-disclosure will not affect your order in any way.

*[†]See F.A.M.E. Terms and Agreements for program details.

- Requires credit card or ACH draft. Delinquency will result in immediate suspension of account privileges and access to system inclusive of transcripts and certificates. A \$50.00 reinstatement fee will be imposed. Any account past due over 60 days will lose the access to the system and no reinstatement will be made.
- Professional development, block hour purchases, and subscriptions (individual or center-based) are eligible for refunds within five (5) days of purchase IF no courses have been accessed. Otherwise, no refunds will be issued. Any violation of the F.A.M.E. or Subscription Terms and Agreement will result in immediate cancellation of access and no refunds will be given.

Method of Payment

Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	
Name on Card: _____	
Card Number: _____	
Expiration Date: _____	Security Code: _____
Billing Address: _____	
Cardholder Signature: X _____	

By Check: <input type="checkbox"/> Business <input type="checkbox"/> Personal	
Name on Account: _____	
Routing #: _____	
Account #: _____	Check #: _____
Bank Name: _____	
Account Holder Address: _____	
Account Holder Phone: _____	

- What made you decide to purchase today? (Please select one):** Google Yahoo Bing (MSN) Other Internet Search Engine
- Saw TV Ad Saw a Magazine Ad Saw an Internet Ad Received something in the mail Received something via email
- Saw you on Facebook Got a call from someone at CCEI Saw you at a trade show Referred by a Friend/Co-Worker
- Referred by Employer Referred by NAEYC Connecticut Charts-A-Course Georgia Bright from the Start
- Other: _____

Did your employer have any direct contact from CCEI that influenced your decision to purchase this training from CCEI?

- Yes (please select one below) No Not that I know of

I, or my employer, received a call from a CCEI admissions representative

I, or my employer, received information in the mail from a CCEI admissions representative

I, or my employer, received an email from a CCEI admissions representative I, or my employer, received a renewal notice

I read information via email in the CCEI newsletter I received an email about something happening at CCEI that prompted me

I received an email with a promotion that prompted me I, or my employer, talked to someone at a trade show

Other: _____

Signature: _____

Date: _____