



Professional Development Subscription Program Order Form (Prepaid Plans)

Individual User License

Name: _____
 Title: _____
 Center/School Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Alternate Phone: _____
 SSN*: _____
 Email Address: _____
 Start Date: _____ End Date: _____

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: Yes No

Product Code	Product Description	Pricing	Qty.	Net Price
Center Based A la Carte / Block Hour Program				
001-NSUB-PD	1-10 Hours	\$15 per hour		
011-NSUB-PD	11-49 Hours	\$14 per hour		
050-NSUB-PD	50 Hour Block	\$ 650		
125-NSUB-PD	125 Hour Block	\$1,500		
225-NSUB-PD	225 Hour Block	\$2,475		
Center Based Unlimited Annual Subscription Plan				
50UP-SUB-PD†	Up to 50 User	\$999		
20UP-SUB-PD†	Up to 20 User	\$499		
Individual Subscription Plans				
1-SUB-PD	Unlimited Annual Individual Access	\$99/annually		
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 courses, 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: VISA Master Card AMEX Discover

Name on Card: _____
 Card Number: _____
 Expiration Date: _____ Security Code: _____
 Billing Address: _____
 Cardholder
 Signature: X _____

By Check: Business 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 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:** _____