



# Order Form for Full-time University Faculty

**Please return this form with verification of registration for the upcoming CAIA exam.**  
Verification may be in the form of a screenshot of your exam history from the CAIA website.

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

Customer Information	
Name (please print): _____	College or University: _____
Phone Number: _____	University Email Address: _____

Billing Address (please print)

Shipping Address (Must be College or University address)

Payment Information	
Select payment type: Visa ___ Master Card ___ Discover ___ American Express ___	
<b>If payment is being made by credit card, please complete the information below.</b>	
Name as it appears on card: _____	Expiration Date (mm/yyyy): _____
Credit Card Number: _____	CVV Number *: _____
Signature of Cardholder: _____	Date: _____
This is the 3-digit number printed on the back of your card (4-digit on front of AmEx cards), to the right of your card number.	

Item	Quantity	Unit Price	Amount
<b>Level:</b> I ___ II ___  <b>Suite</b> ___ <b>Premium Suite</b> ___ <b>Platinum Suite</b> ___ TestBank: CD ___ Download ___ Web ___ Flashcards: Printed ___ Electronic ___ Both ___ Review Course: Online ___ Live ___ Both ___			
<b>Shipping</b> <b>Domestic:</b> Ground ___ 2 <sup>nd</sup> Business Day ___ Next Business Day ___ <b>International:</b> Economy (4-7 business days) ___ Express (2-3 business days) ___			
<b>25% Discount off Full-Retail Price</b>			
<b>TOTAL</b>			

**Thank You for Your Order!**

**For Office Use Only** Time Received: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_