



# Order Form

NOTE: Click on fields to complete form.



NEW CUSTOMER

- or -

EXISTING CUSTOMER:

CUSTOMER ID NUMBER

RENEWAL

ADD-ON/UPGRADE

Item #	Subscription Products	Price Per Student
ACPRO149	AIMSweb Pro Complete	\$5.00
ALPRO147	AIMSweb Pro Language Arts	\$4.00
ARPRO146	AIMSweb Pro Reading	\$3.00
AMPRO148	AIMSweb Pro Math	\$3.00

**SUBSCRIPTION CHOICE**

ENTER # OF STUDENTS  x

**DATA CAPTURE TOOLS SUBSCRIPTION UPGRADE**  
 ADDS \$1 PER STUDENT  
 DATA CAPTURE TOOLS UPGRADE INCLUDES ACCESS TO PALM LINK AND BROWSER-BASED SCORING SOLUTIONS  
 PALM LINK REQUIRES PALM POWERED HANDHELD(S) PURCHASED SEPARATELY

**SUBSCRIPTION TOTAL**

CHOOSE ONE (1) PRODUCT TYPE ONLY. DO NOT MIX AND MATCH. AIMSweb SYSTEMS ARE ANNUAL SUBSCRIPTION SERVICES. PRICES LISTED ARE PER YEAR. AIMSweb SERVICES ARE ACTIVATED VIA EMAIL. TRAINING AND ASSESSMENT MATERIALS ARE PROVIDED VIA DOWNLOAD IN PDF FORMAT. \$200.00 MINIMUM PURCHASE REQUIRED ON SOFTWARE SUBSCRIPTION PRODUCTS.

**TRAINING**

Standard 2-Day Onsite Training\*  
Getting Started with AIMSweb

\$4,500.00 per 2-day session

ENTER # OF SESSIONS

**TRAINING TOTAL**

OTHER TRAINING OPTIONS – 2-DAY OPEN WORKSHOPS OR ONLINE TRAINING MUST REGISTER ONLINE AT [WWW.AIMSweb.COM](http://WWW.AIMSweb.COM)

\*ONCE YOUR ORDER IS RECEIVED, YOU WILL BE CONTACTED BY AIMSweb TO SCHEDULE AND CUSTOMIZE YOUR TRAINING.

**SITE MANAGER INFORMATION:** (required)

Name:

Title:

Phone:  ext.

Email (required):

**ORDER OPTIONS**

**MAIL:**  
NCS Pearson  
AIMSweb Customer Service  
P.O. Box 599700  
San Antonio, TX 78259

**FAX:\***  
866.313.6197

\*Faxed orders MUST include VISA/MC information or signed purchase order

PRODUCTS TOTAL	<input type="text"/>
TX residents and non-exempt status only – 8.25% Non Applicable	
TAX	
SUBTOTAL	<input type="text"/>
CREDIT AMOUNT (-)	<input type="text"/>
TOTAL	<input type="text"/>

**NOTE: \$200 MINIMUM ORDER**

**BILL TO:** (required)

Organization:

Name:

Address:

City/State/Zip:

Phone:  ext.

Fax:

**PAYMENT OPTIONS**

Check or Money Order (payable to NCS Pearson)

Purchase order #:  MUST SUBMIT A SIGNED PURCHASE ORDER VIA FAX OR MAIL.

Visa    MasterCard    Amex    Discover

Account number:

Expiration:

Printed name as it appears on card

Cardholder signature

**SHIP TO:** (if different from bill to information)

Organization:

Name:

Address:

City/State/Zip:

Phone:  ext.

Fax:

**PLEASE CALL WITH QUESTIONS 866.313.6194**