



## Work Sampling® Online Registration Form

<input type="checkbox"/>	New Registration	
<input checked="" type="checkbox"/>	Renewal	Please provide your License Name: _____ (Your License Name will display when viewing the Dashboard)
<input type="checkbox"/>	Add-On	Please provide your License Name: _____ (Your License Name will display when viewing the Dashboard)

### Licensee Information:

Administrator Name: Alyssa Colon-Garcia  
 Center/Agency: Yonkers City School District  
 Address: One Larkin Center, 4th Floor  
 City/State/Zip: Yonkers, New York 10701  
 Phone: 914-376-8213  
 Email (required): acolon-garcia@yonkerspublicschools.org  
 Subscription Date: August 1, 2024 - July 31, 2025

### Billing Information (if different):

Name: Accounts Payable Department  
 Parent Company: N/A  
 Department: Accounts Payable  
 Address: One Larkin Center, 3rd Floor  
 City/State/Zip: Yonkers, New York 10701  
 Phone: 914-376-8037  
 Email: AccountsPayable@yonkersny.gov

Item	Unit Price	# of Children	Price Per Child	Total Due
Work Sampling Online License <span style="color: red;">DAF Discount Code: XRXAW7</span>	\$11.95	1400	\$10.76	\$ 15,064
				\$
*Add your state and local tax				\$
<b>Total</b>				<b>\$</b>

*\* If you are exempt, please include a copy of your state sales tax exempt certificate.*

### Method of Payment

<input checked="" type="checkbox"/>	Purchase Order #: <u>TBD</u>	
<input type="checkbox"/>	Check enclosed payable to NCS Pearson Inc.	Check #: _____ Amount: _____
<input type="checkbox"/>	Charge to: Please provide a phone number where a WSO Team member can contact you to obtain credit card information. Phone Number: _____ Best Time to Call: _____	

Please attach this form with your purchase order and send via fax or mail to the information provided below. Checks MUST be mailed along with this form to the address provided below.

<b>Address:</b> Pearson Attn: Inbound Sales & Customer Support PO Box 599700 San Antonio, TX 78259	<b>Fax: 800-232-1223</b>  Question: Please call us at 800-627-7271  Our hours are 7:00 a.m. – 6:00 p.m. Central Time, Monday - Friday
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I agree to the terms set forth in the current catalog, including the Terms and Conditions, Returns Policy and Privacy at [www.worksamplingonline.com](http://www.worksamplingonline.com). Any Pearson test products purchased under my account will be used in accordance with all applicable ethical and legal guidelines.

Signature: \_\_\_\_\_ Date: 8/20/24

