



Session Order Form

Instructions

- Please fill out this form and submit to PDG via fax or email.
- Your payment will be processed accordingly.
- You will receive a username and password via email within 48 hours.
- Enjoy your purchased sessions as often as you like!

Full Name _____

Title _____

School _____

Address _____

City, St, Zip _____

Email _____

Phone _____

Session/Conference Title	Price

**Please provide an additional page if you wish to purchase more sessions

Total: _____

Method of Payment

Invoice **Purchase Order** PO # _____

Check -Make check payable to PDG and mail to:

Professional Development Group, II

116 S. Madison St. Suite A

Bloomington, IN 47404 Tax ID: 20-1758459

Credit Card Name on Card _____

Card # _____ Exp Date _____ CVV Code: _____

Signature: _____ **Date** _____

Please fax this form to 812-339-0138 or email to info@prodev.com