

CONTACT INFORMATION

Contact person: _____

Email: _____

District/Diocese: _____

School name: _____

School address: _____

City/State/Zip: _____

School phone: _____

12-MONTH SUBSCRIPTION FEE:

Per person
\$99

Number of users:

Per building
\$2,000

PURCHASE ORDER PAYMENT:

Purchase Order attached (# _____)

TOTAL NUMBER OF REGISTRANTS: _____

DATE YOU WOULD LIKE TO START? ____ / ____ / ____

TOTAL PURCHASE AMOUNT:

CREDIT CARD PAYMENT:

Charge to: Visa Mastercard Discover

Card Number

Expiration Date

Security Code

Authorized signature (REQUIRED): **X** _____

Cardholder's name (PLEASE PRINT): _____

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Registration Process

After payment or a purchase order has been received, the contact person listed on this form will receive a "welcome to webPD" email with instructions for accessing the subscription.

Questions?

Call us toll free (888) 376-0448.

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