

PEERS REGISTRATION FORM

Rep. Code: 501 / ABG512

Church: _____

Sr. Pastor: _____

Address: _____

street

city

state

zip

Telephone: () _____

*Project Coordinator: _____

Telephone: () _____

*Note: Name of individual who will serve as test proctor of students and adults participating in PEERS assessment (see reverse for further information)

PEERS Tests needed:

	Quantity	Price	Extended
On-line version	_____	@ \$7.00	_____
Booklet version	_____	@ \$10.00	_____
		Sub-total	_____
		S/h fee (6%)	_____
		Total:	\$ _____

Payment:

_____ Check (enclosed)

_____ Credit card (___ Visa, ___ Master Card, ___ Discover, ___ Amex)

_____ - _____ - _____

Expiration Date: _____

Name on card: _____

Zip code for billing of card: _____

Remit to: Nehemiah Institute
 2225 W. Orleans St, Suite #322
 Stillwater, MN 55082

Testing materials will be
 sent in March.