

Request for Scoring Services

COMPLETE THIS FORM AND SEND IT WITH YOUR ANSWER SHEETS FOR SCORING

Important

If the boxed area to the right does not contain your correct customer information, please complete the **Shipping Address** section below.

If possible, always use pre-addressed Scoring Services Forms with your score id and return address printed in this boxed area. This will speed up your order.

CUSTOMER NUMBER:

Please make any address changes in the Shipping Address section below.

Please complete the information on the back of this form.

Shipping Address

Complete this section if the boxed area above is empty or if results are to go an alternate address on this occasion only. *Please print.*

<input type="text"/>		<input type="text"/>
Name		Customer Number
<input type="text"/>		<input type="text"/>
Address		Organization
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Postal Code
<input type="text"/>		<input type="text"/>
Telephone		Fax
<input type="text"/>		
Email		

Yes, send me the monthly newsletter "Psychometrics Direct"



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