# Course Materials Order Form

**Name**

**Daytime phone #**

**Number and street (No P.O. Box)**

**Apt. # / floor #**

**City**

**County**

**State**

**Zip Code**

**STUDENT ID #**

**Email**

**TERM AND COURSE NUMBERS MUST BE INCLUDED – TERM: **

<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
<th>MATERIALS REQUESTED</th>
<th>QUANTITY</th>
<th>UNIT COST</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>List items by title or indicate “All Required Materials / Course #”</td>
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</table>

**ALL PRICES SUBJECT TO CHANGE.**

Please be advised that if you miscalculated your charges, we will adjust the amount accordingly.

To be completed (or stamped) by Career Development Program Administrator

**Name of CDP administrator**

**Phone**

**Fax**

**Company name**

**Address**

**Student signature**

**Date**

Mail or fax order form with registration and billing form to

**Fax 518-587-2660**

**Attn: Amanda Mickel**

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**Handling Chart**

<table>
<thead>
<tr>
<th>Book Total</th>
<th>Add</th>
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<tbody>
<tr>
<td>$ 0 - $ 40</td>
<td>$ 6</td>
</tr>
<tr>
<td>$ 40.01 - $ 80</td>
<td>$ 7</td>
</tr>
<tr>
<td>$ 80.01 - $120</td>
<td>$ 9</td>
</tr>
<tr>
<td>$120.01 - $300</td>
<td>$12</td>
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<tr>
<td>$300.01 and over</td>
<td>$17</td>
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</tbody>
</table>

**Book Total**

**Handling Fee**

Outside Continental U.S. extra shipping applies.

**Total**

**Total cost covered by ICD**

**Company name**

**Address**

**Email**

**SUNY Empire State College undergraduate student**

**SUNY Empire State College graduate student**

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**State University of New York**

**Empire State College**

**Institute for Career Development, Inc.**