Purchase Order Form

I.	Please complete the Purchase	Order Form attac	ch a copy of	f your PO and	l mai
	to:				

ASME Personnel Certification Processing Department 150 Clove Road, 6th floor Little Falls, NJ 07424-2139

(For questions regarding submitting payments, please contact ASME's Customer Care at 1.800.843.2763 or customercare@asme.org)

Bill To:		
Company Name		
Contact Name:		
	(Last Name)	(First Name)
Address:		
Address:		
	City, Si	tate, Zip Code
Email:		
Phone:		

II. Please select the application(s) which meets your certification needs:

<u>Certifications</u>	Product Code	List Price	Quantity	Line Total
GDTP 1994 Technologist	GDTPTP	\$491.00		
GDTP 1994 Senior	GDTPP	\$587.00		
GDTP 2009 Technologist	GDTPT09P	\$491.00		
GDTP 2009 Senior	GDTP09P	\$587.00		
			Total:	

III. If contact name is different than applicant, please provide the following information for applicant(s): Certification Product Code:

Certification Product		
Applicant:		
	(Last Name)	(First Name)
Address:		
Address:		
	City, State, Zi	p Code
Email:		
Phone:		
Applicant:		
	(Last Name)	(First Name)
Address:		
Address:		
	City, State, Zip Code	
Email:		
Phone:		

A purchase order (PO) may be used to submit applicants. The PO must be from a Canadian or US client be for 4 or more applicants. If you are submitting 10 or more applicants, there is a 10% discount applied. Please copy this page as many times as needed.

For Office Use

CSG staff, please return all Check/Money Order forms to gdtp@asme.org