



**University Site Coordinator Information**

Last Name _____	First Name _____	Title/Position _____
University Name _____		Department _____
Street _____	City _____	Province _____ Postal Code _____
Business Telephone _____	Fax _____	E-mail address _____
<b>SECOND CONTACT</b>		
Name _____	Telephone _____	E-mail _____
Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Fax		
<input type="checkbox"/> Please check if you DO NOT want to receive Marketing materials (catalogues, new product information, and special promotions).		

**University Program Enrollment(s)**

Program Name(s): \_\_\_\_\_

Relevant Courses: \_\_\_\_\_

Program Annual Enrollment: \_\_\_\_\_

Product Purpose:     In-class Training     Clinical Practicum     Research                     Other \_\_\_\_\_

**General Program Focus**

<input type="checkbox"/> Psychology	<input type="checkbox"/> Speech & Language	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> General Education
___ Clinical	___ Developmental Language Disorders	___ Child/Adolescent Psychiatry	___ Classroom Assessment
___ Developmental	___ Linguistic Asphasiology	___ Geriatrics	___ Special Education
___ Psycho-Educational	___ Neurolinguistics	___ Pediatrics	___ Other _____
___ Other _____	___ Other _____	___ Other _____	

**Program Interests**

**I would like more information on...**

Research Participation \_\_\_\_\_  Product Training \_\_\_\_\_

Continued Personal Development \_\_\_\_\_  Product Review \_\_\_\_\_

**Terms and Conditions of the Program:**

Discounts offered as part of this program may not be combined with other offers. By signing this form, you are stipulating that all resources purchased under this program are to be used by students in fulfillment of their training requirements and not for other clinical purposes. These materials will not be loaned or otherwise made available to other practitioners or institutions. All orders submitted for the University Outreach Program discount must be billed and shipped to the applicable University site. All orders under this program must be sent to the attention of the site coordinator named on this form.

By completing this form, you solely consent to our collection and use of your personal information to assess your qualifications and suitability to administer products developed by Pearson Canada Assessment Inc. Your personal information will be kept confidential and treated in accordance with applicable privacy laws and privacy policy, a copy of which is accessible at [www.PsychCorp.ca](http://www.PsychCorp.ca) or by calling 1-866-335-8418.

Pearson Canada Assessment Inc. will retain this information for the duration of the customer's involvement with Pearson Canada Assessment Inc. If a customer communicates to Pearson Canada Assessment Inc. that he/she is no longer a customer, Pearson Canada Assessment Inc. will destroy the customer's information five years from the notification. At any time, a customer can contact Pearson Canada Assessment Inc. and inquire about his/her profile and ask that information be removed from the profile.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY: Billing Account # \_\_\_\_\_ Shipping Account # \_\_\_\_\_ Date Validated \_\_\_\_\_**