# **GREEN’S WORD MEMORY TEST RENEWAL FORM**

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| **Name of Psychologist:** |  |
| **Institution:** |  |
| **Street Address:**  |  | **Suite:** |  |
| **City:**  |  | **State / Province:**  |  |
| **Zip / Postal Code:** |  | **Country:** |  |
| **Phone:** |  | **Fax:** |  |
| **Email of Psychologist:**  |  |
| (Necessary to provide you with updates & access to our “Green’s Tests” User group email list / list serve)  |

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| **Green’s Word Memory Test for Windows Renewal**(includes one year unlimited use of one Word Memory Test license, free updates, membership of “Green’s Tests” User group email list / list serve, and free support) | **$180 US** |
| **Number of licenses to renew:(one license is valid for one Psychologist on two computers)** | **x** |  | **license(s)** |
| **Number of years to renew for:(max two years)** | **x** |  | **year(s)** |
| **TOTAL: $** |  | **U.S.** |

**PAYMENT:**

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| [ ] **Cheque enclosed payable to: GREEN & KRAMAR ACT LTD.** |
| [ ] **Money will be transferred via wire to bank (*for European customers)- Please note there is a $15.00 (US) fee for wire transfers*** |

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| **☐Send an invoice*-Please note we will not provide any products until we receive payment*** |

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| [ ] **VISA or Mastercard #:** |  |  |  |  | **Exp:** |  |
| **Cardholder (if not reg user):** |  | **CVV# (three digits on back)** |  |
| **Address** |  | **City** |  |
|  |  | **Zip/Postal** |  |

**PLEASE SEND COMPLETED ORDER FORM**

**FAX: (236) 420-4891 EMAIL:** **GreensPublishing@gmail.com**

**MAIL: #105, 1726 Dolphin Avenue, Kelowna, British Columbia, V1Y 9R9, Canada**

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| **\*\*\*EMAIL Address for INVOICE:** |  |