



# SkillTRAN

Software and Internet-Based Services for  
Rehabilitation, Forensic & Career Specialists

## JOB BROWSER Pro Order / Registration Form

<b>SHIP TO:</b>	Order Date:	Your Req. #:
Name:		
Title:		
Organization:		
Address:		
Address:	Suite #:	
City:		
State/Province:	ZIP/Postal:	Country:
Phone: ( )	Fax: ( )	
E-mail:		

<b>BILL TO:</b>	<input type="checkbox"/> Billing Address Same as Shipping Address		
Name:			
Title:			
Organization:			
Address:			
Address:	Suite #:		
City:			
State/Province:	ZIP/Postal:	Country:	
Phone: ( )	Fax: ( )		
E-mail:			

<b>PAYMENT BY:</b>	<input type="checkbox"/> Credit Card Billing Address Same as Billing Address		
PO #:	[Only with prior SkillTRAN approval]		
Check #:	[Enclose with mailed order form]		
Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Card #:	Expiration Date:	Security Code:	
Cardholder Name:			
Cardholder Billing Address:	City	State/Province	ZIP/Postal:

Annual Renewal:	<input type="checkbox"/> Expect to purchase optional annual maintenance updates		
<b>CUSTOMER INFO:</b>	<input type="checkbox"/> Counseling <input type="checkbox"/> Job Analysis <input type="checkbox"/> Forensic <input type="checkbox"/> Vocational Expert <input type="checkbox"/> SSA <input type="checkbox"/> Workers Comp <input type="checkbox"/> LTD <input type="checkbox"/> Voc. Eval. <input type="checkbox"/> Career Exploration <input type="checkbox"/> Reference/Research <input type="checkbox"/> Resume Writing <input type="checkbox"/> OWCP <input type="checkbox"/> Veterans <input type="checkbox"/> Other: _____		
Your Industry:	<input type="checkbox"/> Rehab <input type="checkbox"/> Legal <input type="checkbox"/> Education <input type="checkbox"/> Outplacement <input type="checkbox"/> HR <input type="checkbox"/> Disability Mgmt <input type="checkbox"/> Insurance <input type="checkbox"/> MD <input type="checkbox"/> Military <input type="checkbox"/> Career Guidance/Transition <input type="checkbox"/> Workforce Dev. <input type="checkbox"/> VA <input type="checkbox"/> Other: _____		
Preferred Contact Method:	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Snail Mail <input type="checkbox"/> Do Not Contact		
How you heard about SkillTRAN:	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mailing <input type="checkbox"/> Referral <input type="checkbox"/> Website <input type="checkbox"/> Ad <input type="checkbox"/> Conference <input type="checkbox"/> Pocket Guide <input type="checkbox"/> Other: _____		

ITEM	QUANTITY	Unit Price	Total Price
<b>New License - JOB BROWSER Pro ***</b> Regular Price - \$ 549 - IARP Member Price - \$ 494 VRC Educator - \$ 359		\$	\$
		Call for Qty Pricing	
<b>Upgrade - JOB BROWSER Pro</b> Single Version Upgrade - \$ 189 2+ Versions Upgrade or EZ-DOT - \$ 289 Serial # - [Required]		\$	\$
<b>Optional Internet Update Service</b> – 12 consecutive months *** Included for 12 months with New License		\$ 149 / yr. ***	\$
<b>SUBTOTAL</b>			\$
<b>WA Residents Sales Tax</b> – Add your local sales tax rate			\$
<b>Shipping &amp; Handling - Normal</b> [ Per order ]	1	\$ 4.95	\$ 4.95
<b>Special Handling - Next Day + \$ 30</b>	International	TBD	\$
<b>TOTAL</b>			\$

Return this form by mail or fax to:

**(800) 827-2182** (Voice & Fax) – Pacific Time Zone

**SkillTRAN** LLC

3910 S. Union Court  
Spokane Valley, WA 99206