WPS® Independent Trainer Discount



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To apply for this discount, email customerservice@wpspublish.com or fill out the form below and fax to 424.201.6950. If you have not received a response to the form below within two business days, please email customerservice@wpspublish.com.

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PROGRAM DESCRI	PTION	TRAINER INFORMATION		
Name of institutional sponsor for the training:		First name:		
Estimated number of train	nees:	Last name:		
Description of trainees: (e.g., psychologists, medical doct	ors,	Highest academic degree	Highest academic degree:	
school counselors)		Email:		
Type of training:		Phone:		
Dates of training: (e.g., 12/04/2018, 12/05/2018, 12/06/2018)		Fax:		
ENTER BILLING AND SHIPPING INFORMATION				
Billing address:	Personal Organization named above	Shipping address:	Same as billing address	
Contact person:		Institutional sponsor:		
Address:		Contact person:		
City:		Address:		
State/Province:		City:		
Zip/Postal code:		State/Province:		
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WPS Independent Trainer Discount (continued)



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