



INDIVIDUAL SALES ORDER FORM

6902 E. Gary Rd. 480.951.2157 Phone
 Scottsdale, AZ 480.951.4278 Fax
 85254 info@knowconflict.com

Sales Rep: _____

Date: _____

Course Name(s)	Conflict Management Course	Course Start Date
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Customer

Name _____ Title _____

Customer (District/School) _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax _____

Email Address (example: administrator@myschool.com) _____

Technical Contact

Administrative Contact (For Reports)

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Fax _____

Fax _____

Email _____

Email _____

Billing

Payment Method

Name _____

Check _____

Address _____

or

Phone _____

P.O. # _____

Fax _____

Email _____

Total Cost # of Users _____ X Cost per User \$29.95 = Total Cost _____

Comments _____

This School Sales Order Form is in Exhibit B of the Subscription and Software License Agreement between KnowConflict, LLC and Customer.

Yes! Sign me up for a one-year subscription to KnowConflict's Conflict Management Course.

**Subscription use extends one-year from course start date.*

Signature _____ Date _____

Please fax back this page to KnowConflict. Upon acceptance by KnowConflict of this order, you will receive a confirmation letter, sent to Customer address. Access information for the course, including ID, Password, etc., will be provided upon receipt of payment. Customer agrees that any reproduction or distribution of the course outside of the school specified in this order, or to users in excess of the number specified in this order, without expressed prior written authorization from KnowConflict is strictly prohibited.

We thank you for your order and for your interest in making your classroom a safer environment focused on both learning and personal growth.