

Test-Taking SolutionTM Order Form

Effective January 1, 2024 www.testtakingsolution.com

A. Purpose

Use this form to order subscriptions for Test-Taking SolutionTM (TTS). Complete the information requested below and follow the instructions in Section G to submit to TTS.

Note: Please review the 16-page Terms & Conditions of Service and the Privacy Policy.

Account Type □Standard □Standard □Standard □Family □Family	# of Scholars Individual Individual Individual 4 - 6 4 - 6	Price per Service \$125 \$455 \$835 \$317.50 \$1,580	Unlimited Access to Services for this Time Period 1 month 6 months 1 year	
□Standard □Standard □Family □Family	Individual Individual 4-6 4-6	\$455 \$835 \$317.50	6 months 1 year	
□Standard □Family □Family	Individual 4 - 6 4 - 6	\$835 \$317.50	1 year	
□Family □Family	4-6 4-6	\$317.50		
□Family	4-6		1	
□Family	4-6		1 41-	
<u> </u>		¢1 500	1 month	
		\$1,380	6 months	
□Family	4 - 6	\$3,055	1 year	
□Classroom	18 – 25	\$1,367.50	1 month	
□Classroom	18 - 25	\$7,855	6 months	
□Classroom	18 - 25	\$15,555	1 year	
□School	26-100	\$2,555	1 month	
□School	26-100	\$14,555	6 months	
□School	26-100	\$25,055	1 year	
☐School District	>100	\$5,530	1 month	
☐School District	>100	\$29,530	6 months	
☐School District	>100	\$50,530	1 year	
Workshops (online and i Select the proposed date of your ev	-	ions availab	le)	
□2-hr Group Test Prep	Up to 10	\$355	One-Time	
□4-hr Group Test Prep	Up to 10	\$755	One-Time	
☐2-hr Professional Development	Up to 10	\$555	One-Time	
☐4-hr Professional Development	Up to 10	\$1,145	One-Time	
☐1-hr Time Management	Up to 10	\$270	One-Time	
☐1-hr Critical Thinking	Up to 10	\$280	One-Time	
☐1-hr Organizational Skills	Up to 10	\$330	One-Time	

Other (Please specify):	Specify #:	• 1 1	One-Time	
Sales Tax: Mississippi customers wisales tax (7%) and add to the order to received by TTS before tax-exempt s	otal. If you are exer	npt from sales tax		
Payment: After the order is processe We accept a variety of payment type like Cash App and PayPal.				
C. Purchasing Information				
Organization (Customer)				
Address				
City	State	Zip Co	ode	
Contact Person				
Title		Phone		
Email				
Is billing information the same as pu ☐ Yes (continue to section E)		on? aplete section D)		
D. Billing Information				
Organization (Customer)				
Address				
City	State		Zip Code	
Contact Person				
Title	Phone			
Email			_	

Purchase order number (if necessary, for billing purposes):

E. School & School District Information (if not applicable, continue to Section F)

Enter the information requested in the table below. When the order is processed, the Administrator will receive an email with instructions for completing the setup of the TTS account.

School/Site Name	Administrator	Phone #	Email	# Scholars

F	Terms	R.	Conditions	Ωf	Service
Г.	1611112	CX	COHUMONS	OI	SELVICE

By signing and submitting this order form, the Customer's authorized representative hereby indicates the
Customer's agreement to the Terms & Conditions of Service and acknowledgement of the Privacy Policy

Name (please print)	
Signature	

G. Submit this Order Form for Processing

TTS must receive all pages of this document to process the order. Email this order form to Admin@testtakingsolution.com. For further assistance, call TTS Customer Service: 601-714-TEST (8378).