



# Order Form

Date: \_\_\_\_\_

**Cognitive Technologies Corp.**  
4884 Cloister Dr.  
Rockville, MD 20852

**Ph:(800) 335-0781**  
**Fax: (301) 581-9653**  
**www.cogtech.com**

PO# \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

School/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

***Billing Address if Different:***

Name: \_\_\_\_\_

School/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

<u>ID#</u>	<u>Name</u>	<u>Qty.</u>	<u>Price</u>	<u>Total</u>
			Subtotal	
			MD Tax (5%)	
			Shipping & H	
			TOTAL	

Heard about CTC/Product: \_\_\_\_\_

Authorization # \_\_\_\_\_

Credit Card:   VISA           MasterCard

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Name: \_\_\_\_\_

<b>Shipping &amp; Handling</b>
Home -- \$4.95
School -- \$6.95
Labs -- \$8.95
Call for others.