

The Organizational Clinic





Performance Assessment Consultation Order Form

Organization				
Name of Organization		Product / Service / Industry		No. of Employees
Street	Suite #	City	State	Zip

Primary Contact			
Name	Position	(____) _____ Telephone	Email

Type of Assessment					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Management Assessment	Operations Management Assessment	Sales Management Assessment	Marketing Management Assessment	Human Resource Management Assessment	Strategic Management Assessment

Target Department			
Name of Department / Function	Name of Leader	No. of Managers	No. of Employees

Code & Fee	Payment Plan			Card Type	Card Information	
Coupon Code (Not Required)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 	Card Number	
	Pay Now	30-Day Plan	60-Day Plan	<input type="radio"/> 		
\$ Purchase Price	No subsequent payments	Pay on Day 30	50% on day 30; 50% on day 60	<input type="radio"/> 	Security Code	____ / ____ / ____ Exp. Date
	No Finance Fees Added	2.5 % Finance Fee Added	5% Finance Fee Added	<input type="radio"/> 		

Authorization		
Name of Authorized Representative	Signature of Authorized Representative	____ / ____ / ____ Date

Primary Contractor (Not Required)	
Name of Primary Contractor	Primary Contractor ID #