

ONTRACK SUBSCRIPTION FORM AND SUPPLY AGREEMENT

Upon payment please treat this form as a tax invoice – Kaplan Education Pty Ltd. ABN 54 089 002 371

Kaplan Professional BDM (if applicable):

Details

Client _____ ABN _____

Organisation _____

Commencement date (mm/yy) _____ / _____ Ending date (mm/yy) _____ / _____

(Note: The period may not be less than 6 months)

Initial term means the period beginning on the Commencement date and expiring on the ending date.

Training Manager Details

Mr / Mrs / Ms / Miss (please circle)

First name _____

Last name _____

Address _____

Suburb _____

State _____ Postcode _____

Tel _____ Mobile _____

Email _____

Invoice Details

Mr / Mrs / Ms / Miss (please circle)

First name _____

Last name _____

Address _____

Suburb _____

State _____ Postcode _____

Tel _____ Mobile _____

Email _____

Yes, please send me Kaplan Professional's quarterly e-newsletter and email updates.

Supply Agreement

Terms — This Subscription Form is subject to the terms and conditions available from our website www.kaplanprofessional.edu.au/Financial_Services/Professional_Development/Ontrack. If you do not have access to our website, please contact Student Services on **1300 527 526** and we will send a copy of the terms and conditions to you.

Acceptance — By signing this subscription form you agree that you have read and accept the relevant terms and conditions available at www.kaplanprofessional.edu.au/Financial_Services/Professional_Development/Ontrack and that you agree to purchase the product(s) specified in this subscription form.

(Date) _____ (Signature) _____ (Name) _____ (Position) _____

Fees

Item	Quantity	\$ Unit Price/Months ¹	No. of Months ²	Total \$
Ontrack CPD system including content				
First 1 to 10 users		x 32.25		
Next 11 to 49 users		x 29.20		
Excess of 49 users (ie. 50 plus users)		Please contact us		
Total Fees				\$

¹Prices valid until 30 April 2010 and include GST.

²The period may not be less than 6 months.

Student passwords to be sent (date): _____

Payment Details

Cheque (made payable to Kaplan Education Pty Ltd No. 1 Account) Cheque No. _____

Mastercard Visa American Express (A surcharge of 2.5% applies)

Card Number _____ Expiry Date ____ / ____ Total \$ _____

Cardholder's Name _____ Cardholder's Signature _____

Invoice Company³ Payment of \$ _____ for the order above, is by: _____

³Only available for 30 users or more. New account customers may only be invoiced subject to an Application for Credit having been processed and approved prior to goods being dispatched.

Office Use Only

Date order received:	Date goods sent:	Invoice number:
Received Ontrack agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date entered into database:	Invoice date:

Returning this form (For subscription enquiries please call Student Services on 1300 527 526.)

mail to GPO Box 9995, Sydney NSW 2001

fax to 02 8324 6359

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