

# Principal Investigators Association Order Form

Please send your completed order form to:

FAX: 239-676-0146, Email: [order@principalinvestigators.org](mailto:order@principalinvestigators.org)

Or mail to: Principal Investigators Association ~ 9990 Coconut Road, Suite 316 ~ Bonita Springs, FL 34135

Questions? 800-303-0129 ext. 506. 100% Satisfaction Guaranteed.

**Product Title:** An Investigators Guide to NIH Funding – 2-Part Webinar Series

**Part 1:** Deciphering NIH Funding for Beginners

**Part 2:** Breaking Into NIH Funding & Beyond: A How-to Guide for New and Early Career Investigators

**Product Price:** \$225 (a \$394 value)

**Choose Your Preferred Format in Addition to the Live Webinar for Part 1:**

CD-Rom  MP4  PDF Transcript

*Please click here if you prefer to ONLY purchase this Webinar for \$129.*

**Choose Your Preferred Format in Addition to the Live Webinar for Part 2:**

CD-Rom  MP4  PDF Transcript

*Please click here if you prefer to ONLY purchase this Webinar for \$129.*

**Personal Information** (please print clearly)

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

Degree: PhD \_\_\_\_\_ MD \_\_\_\_\_ None \_\_\_\_\_ Other \_\_\_\_\_

Academic or Research Title (ex: Assoc Prof; Lab Director, etc.): \_\_\_\_\_

Facility/Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Confirm Email: \_\_\_\_\_

(A valid email address is required for purchase. We cannot process your order without a valid email address. To ensure you receive all communications from us, please white list us.)

**Payment Information**

Check Enclosed for \$ \_\_\_\_\_ (please make checks payable to: Principal Investigators Association)

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

Please bill me at the address above for \$ \_\_\_\_\_

I would like to pay by credit card with the information below. This charge will appear as Principal Investigators Association on my statement.

Credit Card Type:  VISA  MC  AMEX  Discover

(continued...)



Please charge this amount to my card: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ SEC Code: \_\_\_\_\_

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

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

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

**Questions?** Call 800-303-0129 ext. 506.

