

RETURN THIS FORM WITH THE TEST

NAME: _____

DEGREE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: () _____

Date test completed: _____

(The information above will be used to fill out and ship your CE certificate and your FAMILY COURT ASSOCIATE certificate.)

I indicate by my signature below that I have personally completed the enclosed test booklet with answers that I derived from reading and studying the book *How to Structure and Write Custody Evaluation Reports.*

Signature: _____ Date: _____

PAYMENT

Enclosed is my check for \$98 made out to PACE

Please charge my credit card \$98

MC Visa American Express Discover

Credit Card Number: _____

Expiration: ____/____ CVV: _____ (number on back of cc)

Zip code where your statement is mailed to: _____

PACE CE
P.O. BOX 229
FURLONG, PA 18925

FAX: 215-794-3386

QUESTIONS: 800-633-7223 or 800-553-7678