



New York Approved Self-Study Programs

Print and Fax Orders to: (206) 463-7488

CSG provides nationally recognized experts addressing topics critical to your career and business success. When the quality of continuing education counts ~ count on CSG. Build a training library that will contribute to the development of aspiring professionals. Learn from the best in the industry.

CSG is the only A/E continuing education provider with programs endorsed or presented by five leading design professional insurers, making our programs attractive to your company at insurance renewal time.

How to maximize your purchase: Each "Self-Study Program" offers 1 contact hour of New York approved Self-study continuing education credit. The package includes:

- Audio CD (Note: *Reproduction of CD is prohibited. See Terms of Use License*)
- PowerPoint Slides and Handout(s); if any
- **Test for One Individual ~ which must be completed and returned for a Certificate of Completion** which the NY Board of Education requires for documentation of self-study credits. A passing score of 70% is required.
- **Additional Test Administration can be Pre-Paid for other Engineers in your office location for \$20.00 each.** Indicate the number desired below, and CSG will track and apply incoming pre-paid tests towards the pre-paid allotment. Refresh/Increase your pre-paid test allotment at any time.

Minimum Order of 5 Program for \$29.00 each ~ Mix and Match!

PROGRAM TITLES:	INDICATE # OF ADDITIONAL PRE-PAID TESTS
<input type="checkbox"/> DESIGN-BUILD 101	
<input type="checkbox"/> CRITICAL ISSUES FACING THE A/E IN DESIGN-BUILD	
<input type="checkbox"/> DESIGNER-LED DESIGN-BUILD	
<input type="checkbox"/> ETHICAL CHALLENGES IN DESIGN-BUILD	
<input type="checkbox"/> ENGINEERING ETHICS	
<input type="checkbox"/> EFFECTIVE DESIGN-BUILD TEAMS	
<input type="checkbox"/> CONSTRUCTION SITE SAFETY UPDATE	

_____ Total # of Programs x \$29 each = _____

Minimum of 5 Programs

_____ Total # Add'l Tests x \$20 each = _____

Subtotal = _____

WA Residents Add Sales Tax of 8.4% = _____

Shipping / Handling = **\$10.00**

Total Enclosed /Authorized \$ _____

SHIP TO:

Name _____

Title _____

Organization _____

Address _____

City, State, Zip _____

Phone _____

Email _____

PAYMENT METHOD:

Visa/MC/AMEX #: _____

Expiration Date: ____/____

Name on Card: _____

Authorized Signature: _____

Check Enclosed

FORWARD FORM VIA FAX (Credit Card) OR

MAIL (Check) TO:

Contract Solutions Group

PO Box 775

Vashon Island, WA 98070

Fax: (206) 463-7488

Please Allow 2 weeks for order processing

QUESTIONS? Contact Jeri Jennings @ (206) 463-7487 or jjennings@contractsolutionsgroup.com