

PayTrain® Renewal Plan

Save up to 60% off the regular price of PayTrain!

PayTrain 2019

Bill To:	Fam. 00 DOM: and 0 OFM: when a said a
Customer Name:	• Earn 20 RCHs or 2.0 CEUs when scoring
Company Name:	80% or better on the post-test
Shipping Address:	 Save up to 60% off the regular price
Shipping Address Cont.:	◆ Keep your payroll knowledge up-to-date with
City:	the latest legislative changes
State: Zip Code:	3
come to the PayTrain Penewal Plan! Your purchase of PayTrain 2018 ent	titles you to nurchase a complete set of PayTrain 2010 materials at th

Welcome to the *PayTrain Renewal Plan!* Your purchase of *PayTrain 2018* entitles you to purchase a complete set of *PayTrain 2019* materials at this special reduced price. This special price is available only to purchasers of *PayTrain 2018* (non-transferable) and **is only for the original** *PayTrain 2018 user.* Purchasing *PayTrain* through the 2019 Renewal Plan will entitle you to *PayTrain 2020* at a discounted price as well. To order your *PayTrain 2019* materials, simply complete and return this form with payment to the address listed below.

YOU QUALIFY FOR		YOUR RENEWAL ORDER						
PayTrain 2019	Eligible Quantity	Price: Online + Print Books	Quantity	Price: Complete Online Product	Quantity	Total		
Member Price	You qualify to purchase the	\$530		\$380				
Colleague Price	same number of programs as you purchased in 2018.	\$585		\$435				
Nonmember Price	Maximum limit: 2 units For help, call (800)444-5015.	\$655 \$505						
Subtotal:								
Sales Tax: Please add applicable state and local sales tax on orders shipped to: AL, AZ, CA, CO, DC, FL, GA, IL, IN, KY, MA, MD, MI, MN, MO, NC, ND, NE, NJ, NM, NV, NY, OH, OK, PA, TN, TX, VA, WA, WI, and WV. *** (We reserve the right to adjust tax amount to reflect actual state/local tax rates.)								
FOR PRINT BOOK ORDERS ONLY-Add \$25 Shipping FedEx Ground (Continental U.S): Call +1-651-905-2613 for rates outside of continental U.S.								
Total:								

Required Information for Each Unit Ordered: APA Member/Colleague Number: E-mail Address (Required for Web-based software):		Init 1		Unit 2 ((if applicable)	
Please indicate method of payment: □ Purchase Order is attached. □ My check is enclosed (payable to API Fund for Payro □ I authorize API Fund for Payroll Education, Inc. c/o H □ VISA □ MASTERCARD □ DIS	olmes Corp. to		s Corp.).	API Fund for P c/o Holm 2975 Lone O	end Payment To: Payroll Education, Inc. Des Corporation Dak Drive, Suite 180 MN 55121-1553	
Card Number:Name on Card:				Phone: (800) 444-5015, or +1-651-905-2613 Fax: (651) 905-2669		
Billing Address: Business address (check one pleas			City	State	Zip	
Shipping Address: Business address (check one pleas Phone Number:	•	□ Business	City Cell	State	Zip	
Signature:		Date:				

For more information call (800) 444-5015 or +1-651-905-2613