



## INTERNATIONAL ORDER FORM

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Organization/Company \_\_\_\_\_ Email \_\_\_\_\_  
 Shipping Address \_\_\_\_\_  
 City \_\_\_\_\_ Country \_\_\_\_\_ Code \_\_\_\_\_

### Verification of Assessor Qualifications

The FAVRES/SFAVRES are standardized clinical test that evaluate cognitive-communication functioning. They require specialized training in administration and interpretation of communication measures. Purchase of these tests requires proof of speech-language pathology or speech therapy qualifications. Please see the qualifications statement on our website for more details. To receive a copy of these B level products please attach a copy of SLP or ST credentials (e.g. Licence or certificate or university transcript or membership card for regional association).

Qualifications Attached Yes \_\_\_ No \_\_\_

Item & Qualification Level	Item Codes				Quantity	Unit Price	Total	
	English	French	Danish	Swedish				
Circle Desired Language	<b>English</b>	<b>French</b>	<b>Danish</b>	<b>Swedish</b>		\$405		
<b>ADULT FAVRES Complete Set</b> Includes: Examiner's Manual, Examiner's Scoring Booklet (25), Record Forms (25), Test Stimuli, Strengths & Weaknesses Checklist (50) Level B <b>Manual &amp; Str &amp; Weak Checklist</b> <b>are in English Only</b>	AFC100	FAC100	AFCDAN 100	—				
Examiner's Scoring Booklet (Pkg 25) Level B	AFE 101	FAE102	AFCDAN 101	—		\$ 45		
Record Form (Pkg 25) Level B	AFR104	FAR105	AFCDAN 104	—		\$ 45		
Strengths & Weaknesses Checklist (Pad of 50)	AFRS105	—	—	—	—	\$ 15		
<b>STUDENT FAVRES Complete Set</b> (Includes: Examiner's manual, Examiner's Scoring Booklet (25), Record Forms (25), Test Stimuli, Strengths & Weaknesses Checklist (50) Level B <b>Manual &amp; Str &amp; Weak</b> <b>Checklist are in English Only</b>	SFC100	—	—	SFCSWED 100		\$405		
<b>SFAVRES Examiner's Scoring</b> Booklet (Pkg 25) Level B	SFE101	—	—	SFESWED 101		\$ 45		
<b>SFAVRES Record Form</b> (Pkg 25) Level B.	SFR104	—	—	SFRSWED 104		\$ 45		
<b>Cognitive Communication</b> <b>Checklist for Acquired Brain Injury</b> <b>(Pk 25 ) Level A</b>	CCCABI							
<b>Shipping and Handling add 25%</b>								
<b>Total</b>								

### Method of Payment:

Payment enclosed (cheque)  
 Visa or MasterCard Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_