

# Micro-Credential Purchase

EMAIL COMPLETED FORM TO:  
eln@edleadersnetwork.org  
Ed Leaders Network

**1**  
Select your Micro-Credential.

**2**  
Email completed form along with payment. If paying with a PO, include copy of PO.

**3**  
Check your email for access to the Micro-Credential portal (allow two business days).

## Select Your Micro-Credential — \$180 each

Number of Micro-Credentials \_\_\_\_\_ x \$180 = \$ \_\_\_\_\_

Please include the following information based on your place/school of employment.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Email \_\_\_\_\_ IEIN (if applicable) \_\_\_\_\_  
Billing Address \_\_\_\_\_ Billing City, State, ZIP \_\_\_\_\_  
School Name\* \_\_\_\_\_ School Email\* \_\_\_\_\_

\*Please complete for account verification purposes.

### Payment information is required to process purchase:

**Check #** \_\_\_\_\_  
Make payable to the Illinois Principals Association.

**Purchase Order #** \_\_\_\_\_  
Send invoice to:  District  School  Home

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

**Credit Card #** \_\_\_\_\_

Visa  MasterCard  Discover  American Express

Exp. \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

