

Micro-Credential Purchase

EMAIL COMPLETED FORM TO:
el@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 — \$250 each

Number of Micro-Credentials _____ x \$250 = \$ _____

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

Billing Address _____

Credit Card # _____

Visa MasterCard Discover American Express

Exp. _____ CVV _____

Cardholder's Name _____

Signature _____

Today's Date _____