

EDITION 6
INSTRUCTOR MANUAL ORDER FORM
FOR STATE/SUBSTATE RETRAININGS
STEP-BY-STEP INSTRUCTIONS

1. **Today's Date:** Date the ordering form is being completed.
2. **Name of Trainer/Coordinator:** Name of individual conducting the training.
3. **Vol ID #:** Current AARP DSP Volunteer ID number of Trainer/Coordinator.
4. **Address:** Home address of individual Trainer or Coordinator conducting the training.
5. **Phone:** Phone number where AARP National Office staff can reach the Trainer or Coordinator during business hours.
6. **Email Address:** Email address of the Trainer/Coordinator, if applicable.
7. **Training Location:** Name and address of the facility where Ed. 6 training will take place.
8. **Dates of Training:** Dates when Ed. 6 training will occur.
9. **Number of Instructor Manual Kits Needed:** Number of Instructor Manual Kits (Stock #D18438) needed for training. You will need one kit for each instructor being retrained. Please round your order up to the nearest five as kits will be mailed five to a box.
10. **Ship to Address (if different from item # 4 above):** Street Address (no P.O. Boxes) of location where the training will occur
Please ensure that if the facility is a hotel or other private facility that they will accept receipt of the materials in advance.

-or-

Home Address of the Trainer/Coordinator (no P.O. Boxes) providing they make arrangements and can transport the materials to the training location.

11. **Facility Contact Name:** The name of a Facility Contact if required by the training facility and different from the Trainer/Coordinator listed in item #2.
12. **Facility Contact Number:** Phone number of Facility Contact listed in item #10.
13. **Date Materials MUST be Received:** The absolute last day materials may be received at the requested training location. Please make sure materials arrive at the requested location at least one day prior to the training and receipt can be verified. You will be unable to conduct the training without materials.
14. **State Coordinator Approval:** THE FORM MUST NOW BE SENT TO YOUR STATE COORDINATOR FOR APPROVAL. The State Coordinator must sign, print name and list the state of the State Coordinator and submit as instructed in item #14.
Orders will not be filled if this information is omitted.
15. **Order Submission:** Please FAX to 202-434-6036, preferred ordering method or mail to AARP Driver Safety Program, P.O. Box 93114, Long Beach, CA 90809-3114. Please allow 2 – 3 weeks for delivery. Do not mail if faxed. You will be contacted by National Office staff to confirm receipt of your order form.

**EDITION 6 INSTRUCTOR MANUAL ORDER FORM
FOR STATE/SUBSTATE RE-TRAININGS**

IMPORTANT

This form is to be used to order the new Edition 6 Instructor Materials, 8 hour version. It is to be completed by the Trainer/Coordinator conducting the re-training and forwarded to the State Coordinator for approval and submission. Please print responses.

1. Today's Date: _____

2. Name of Trainer/Coordinator: _____

3. Vol ID# of Trainer/Coordinator: _____

4. Home Address: _____

City State Zip

5. Phone: _____ 6. Email Address: _____

7. Training Location: _____

City State Zip

8. Dates of Training: _____

9. Number of Instructor Manual Kits Needed: _____ Stock #D18438
(Round up to the nearest five)

10. Ship to Address: _____

City State Zip

11. Facility Contact Name: _____

12. Facility Contact Phone: _____

13. Date Materials MUST be Received: _____

Note: If the facility is a hotel or other private facility, please make sure materials can be received in advance of your training.

FORWARD THIS COMPLETED FORM TO YOUR STATE COORDINATOR FOR APPROVAL

State Coordinator Signature Print Name State

This order cannot be processed without the State Coordinator's signature.

Fax this order to 202-434-6036 (preference) or mail to AARP Driver Safety Program P.O. Box 93114, Long Beach, CA 90809-3114. Please allow 2-3 weeks for delivery. Do not mail in this form if faxed. You will be contacted to confirm receipt of this order form.