



TEST SITE COORDINATOR Summary Form

Please type or print neatly.

TEST SITE COORDINATOR		
COMPANY / ORGANIZATION		
COMPANY MAILING ADDRESS		
CITY	STATE	ZIP
TEST SITE COORDINATOR CELL PHONE	COMPANY PHONE	COMPANY FAX
E-MAIL (Test Site Coordinator/Company Representative)		
TEST DATE	TEST ADMINISTRATION #	

Number of Candidates		Candidate Fees	\$ _____
		Candidate Late Fees	\$ _____
		Test Site Late Fees	\$ _____
		Special Administration Fees	\$ _____
		Total Amount of Fees Enclosed	\$

METHOD OF PAYMENT FOR CANDIDATE EXAMINATION FEES

Do not send cash.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Personal Check	<input type="checkbox"/> Employer Check	<input type="checkbox"/> Money Order	<i>Do not staple your check.</i>
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If paying by credit card – complete the following information

SECURITY CODE*

CREDIT CARD NUMBER

EXPIRATION DATE

NAME (Print as it appears on card)	SIGNATURE (on card)
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Checks and money orders should be payable to: International Assessment Institute

Please return this TEST SITE COORDINATOR SUMMARY FORM along with all Candidate Application Forms to:

International Assessment Institute - Attention: CCO testing
600 Cleveland Street, Suite 900
Clearwater, Florida 33755

Phone: 727-449-8525
Fax: 727-461-2746