



# Test Site Coordinator SUMMARY FORM

*Please type or print neatly.*

TEST SITE COORDINATOR		
COMPANY or 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	
COMPANY / ORGANIZATION AT TEST SITE LOCATION (if different from above)		
COMPANY REPRESENTATIVE AT TEST SITE LOCATION (if different from Coordinator above)		
TEST SITE ADDRESS (if different from above)		
CITY	STATE	ZIP
Number of Candidates: <input style="width: 50px; height: 20px;" type="text"/>	Candidate Fees:	\$ _____
	Candidate Late Fees:	\$ _____
	Test Site Late Fees:	\$ _____
	Special Administration Fees:	\$ _____
	Total Amount of Fees Enclosed:	\$ <input style="width: 100px; height: 20px;" type="text"/>

## METHOD OF PAYMENT

***Do not send cash.***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Personal check enclosed	<input type="checkbox"/> Employer check enclosed	<input type="checkbox"/> Money order enclosed	<i>Please do not staple your check or money order.</i>
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*Checks and money orders should be payable to: International Assessment Institute—Attention: CCO Testing*

*If paying by credit card, please complete the following information:*

CREDIT CARD NUMBER		EXPIRATION DATE	
NAME (Print as it appears on card)	SIGNATURE (on card)	SECURITY CODE*	

\* Three or four digit security code located on the back of the card in the signature panel.

***Please return this Test Site Coordinator Summary Form along with all Candidate Application Forms to:***

International Assessment Institute—Attn: NCCCO Testing  
 600 Cleveland Street, Suite 900  
 Clearwater, FL 33755  
 Phone: 727-449-8525  
 Fax: 727-461-2746