



# TEST SITE COORDINATOR

## Summary Form

*Please type or print neatly.*

TEST SITE COORDINATOR
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COMPANY / ORGANIZATION
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COMPANY MAILING ADDRESS
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CITY	STATE	ZIP
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TEST SITE COORDINATOR CELL PHONE	COMPANY PHONE	COMPANY FAX
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E-MAIL (Test Site Coordinator/Company Representative)
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TEST DATE	TEST ADMINISTRATION #
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Number of Candidates	<input type="text"/>	Candidate Fees	\$ _____
		Candidate Late Fees	\$ _____
		Test Site Late Fees	\$ _____
		Special Administration Fees	\$ _____
		Total Amount of Fees Enclosed	\$ <input type="text"/>

### 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
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*Do not staple your check.*

*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