



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.

Personal Check
 Employer Check
 Money Order
 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) |
|------------------------------------|---------------------|

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