Exam Rescheduling Form

Last Name | First Name | Middle Initial

Company/Organization

Preferred Mailing Address

PO Box or Apt. No.

City | State | Zip/Postal Code

Office Phone | Fax | Email

Payment:

Cost: Rescheduling Fee $100.00

☐ Check ☐ Money Order ☐ Master Card ☐ Visa

Note: We do not accept American Express or Discover Cards

Credit Card Number | 3 – Digit Security Code | Expiration Date

Name on Card

Billing Address

Do you require special accommodations? (If so, please contact office & provide written medical documentation to support your request)

☐ Yes ☐ No

ATP RESNA CERTIFIED ASSISTIVE TECHNOLOGY PROFESSIONAL