

# Exam Rescheduling Form

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Last Name

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First Name

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Middle Initial

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Company/Organization

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Preferred Mailing Address

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PO Box or Apt. No.

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City

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State

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Zip/Postal Code

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Office Phone

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Fax

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Email

## Payment:

Cost: Rescheduling Fee \$100.00

Check    Money Order    Master Card    Visa

Note: We do not accept American Express or Discover Cards

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Credit Card Number

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3 – Digit Security Code

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Expiration Date

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Name on Card

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Billing Address

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

Yes       No