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.

Do not staple your check.

☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS ☐ Personal Check ☐ Employer Check ☐ Money Order

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