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Credit Card Authorization Form

Item (Check all that apply)	Cost
<input type="checkbox"/> First Time Examination Fee	\$400.00
<input type="checkbox"/> Examination Re-Test Fee	\$200.00
<input type="checkbox"/> Special Testing Site Fee	\$75.00
<input type="checkbox"/> Reschedule Fee (price varies, fill in to right)	
<input type="checkbox"/> Other	
Total	

Credit Card Payment

Please charge my (please "X" one):

Visa MasterCard American Express

Account Number: _____ Expires: _____

Cardholder Name: _____

Cardholder Billing Address: _____

Signature: _____

Please note that payment will not be processed without signature.

In-House Use Only

Date Received	Account Number	Invoice Number

