ADMINISTRATIVE EXAM REGISTRATION FORM

•		,	ble to take the Administra	
			Zip Code:	
Phone Number:	Fax N	umber:	Email:	
Cell Phone:	Requ	Requested Exam Site:		
_	-		t 30 days prior to exam da ithin 30 days of exam dat	•
Mail with a check	made payable to AS	SPMA Qualify	ing and Examining to:	
	A \$25.00	1616 No Elmwoo Phone: 8	ASPMA Irth 78 th Court d Park, IL 60707 388-882-7762 J arged for all returned che	ecks.
		(OR	
	Fax with credit o	ard informati Please Prii	ion and signature to 708-4 nt Legibly	456-4947
Circle One: VISA	MasterCard	Discover	American Express	
Name as it appears	s on card:			
Card Number:		E	xpiration Date:/	CVV Code:
Billing Address (if c	different than above	e):		

Upon receipt of your Exam Registration Form, fee, and proof of membership you will be sent a confirmation of registration. Please present this confirmation to the Exam Proctor on the day of the exam.