

**Region III May 3 - 4, 2017 Atlantic City, NJ
Exam Registration Form – for Clinical Exam
Review Course Wednesday May 3rd
Clinical Certification Exam Thursday May 4th**

If you are a current member of ASPMA, you are eligible to take the certification exam.

***YOU MUST ENCLOSE A COPY OF YOUR CURRENT MEMBERSHIP CARD WITH THIS EXAM REGISTRATION FORM.**

To become a Member of ASPMA, please go to www.aspma.org Click on Membership

Name _____

Employer _____

Address _____

City, State, ZIP _____

Phone _____ FAX _____ E-mail _____

Cell Phone _____

Exam Fee - \$140.00 (Must be received by April 2, 2017)

Late Fee - \$25.00 (If received after April 3, 2017)

Have you enclosed the following? (check-off list)

Completed Exam Registration Form (yes) _____

A check in the amount of \$140.00 (yes) _____

A late fee of \$25.00 (yes) _____

A copy of your current ASPMA Membership Card (yes) _____

Mail completed form; check made payable to ASPMA and copy of ASPMA membership card to:

Karen Keathley, PMAC
1616 North 78th Court
Elmwood Park, IL 60707

Phone: (708)-715-0071 FAX: (708) 456-4947 E-mail: KarenPMAC@aol.com

A \$25 fee will be charged for any returned check

PLEASE NOTE: Upon receipt of your Exam Registration Form, Fee, and Proof of Eligibility, you will be sent a "Confirmation" that MUST be presented to the Exam Proctor on the day of the exam.

*VISA, MasterCard, American Express or Discover – If you wish to pay by credit card.

Card # _____ Exp Date ___/___

Name on Card _____ Billing Zip code _____

Signature Required _____

CVV # (3 digit number on back of card) _____