COMPANY CHECK/MONEY ORDER SUBMISSION FORM FOR CBN

You must fill out the application online before you submit payment. Submit this form ONLY if you are paying your examination fee by cashier’s check, company check or money order. Visit our website at www.goAMP.com or call 888-519-9901 **two weeks after mailing this form** to schedule an examination appointment.

1. NAME
   Last Name ___________________________________________________________________
   First Name ___________________________________________________________________
   M.I. ______________________________________________________________________

2. MAILING ADDRESS
   Number, Street and Apartment Number
   __________________________________________________________________________
   City _________________________________________________________________________
   State ______________________________________________________________________
   Zip Code ____________________________________________________________________
   Email Address ___________________________________________________________________

3. TELEPHONE NUMBER
   (_______) _______ – _______ and (_______) _______ – _______
   Daytime Telephone Number Evening Telephone Number

4. BIRTH DATE
   ______ – _______ – ______
   Month Day Year

5. EXAMINATION FEE
   Your examination fee must be submitted with your registration form. Payment may be made by cashier’s check, company check or money order payable to PSI Services Inc. Payment by personal check or cash is **not acceptable**. Examination fees are not refundable or transferable.

<table>
<thead>
<tr>
<th>ASMBS Member</th>
<th>ASMBS Non-Member</th>
<th>Puerto Rico and Canada International IFSO Member</th>
<th>Puerto Rico and Canada IFSO Non-Member</th>
<th>Other International Locations International IFSO Member</th>
<th>Other International Locations International IFSO Non-Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Registration</td>
<td>$250</td>
<td>$350</td>
<td>$300</td>
<td>$400</td>
<td>$330</td>
</tr>
<tr>
<td>Regular Registration</td>
<td>$300</td>
<td>$400</td>
<td>$350</td>
<td>$450</td>
<td>$380</td>
</tr>
</tbody>
</table>

   **You will need to provide your ASMBS member number when registering if you wish to receive the member rate.**

6. SIGNATURE AND DATE
   I have read and understand the information provided in the Candidate Handbook, and the information I have provided on this registration form is true and complete to the best of my knowledge.

   Signature: ___________________________________________ Date: __________________________

   Mail this form with cashier’s check, company check or money order to:

   PSI
   CBN Examination
   18000 W. 105th St.
   Olathe, KS 66061