



# 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](http://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.

	ASMBS Member	ASMBS Non-Member	Puerto Rico and Canada International IFSO Member	Puerto Rico and Canada International IFSO Non-Member	Other International Locations International IFSO Member	Other International Locations International IFSO Non-Member
Early Registration	\$250	\$350	\$300	\$400	\$330	\$430
Regular Registration	\$300	\$400	\$350	\$450	\$380	\$480

**\*\*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