



## Financial Oversight Certification Program—Exam Retest Registration Form

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Dates Attended Class: \_\_\_\_\_

### Exam Retest Fee

Please include the \$100 Exam Retest Fee with your completed Exam Registration form.

- My check for \$100, payable to The Falmouth Institute, is included
- Please charge my credit card \$100
  - VISA     MasterCard     American Express

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code\*: \_\_\_\_\_

\*3 digit code on back of MC/VISA or 4 digit code on front of AmEx

Cardholder Name (Please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please fax this completed form to 703-352-2323**



**FALMOUTH  
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*Strength in Indian Country™*

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