



Tribal Office Manager 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



3702 Pender Drive, Suite 300
Fairfax, VA 22030
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