ORDER FORM

PURCHASER NAME: ____________________________________________________________

INSTITUTION NAME: _______________________________ DEPARTMENT: _____________________________

BILLING ADDRESS: ____________________________________________________________

CITY: __________________________ STATE: _______ ZIP CODE: __________ COUNTRY: ____________________________

PHONE: __________________________ PHONE 2: __________________________

EMAIL FOR RECEIPT: __________________________ DATE: __________________________

<table>
<thead>
<tr>
<th>FLS Products</th>
<th>Price</th>
<th>Quantity</th>
<th>Total</th>
</tr>
</thead>
</table>
| Testing Voucher  
(Voucher expires after 12 months) | $525 | | |
| RETEST Voucher  
Test Taker’s Name (Required): ___________________________ 
Voucher # (Required): ___________________________ | $125 | | |

All retest vouchers expire 18 months from the test taker’s original exam date, regardless of when they were purchased.

TOTAL $___________________________

PURCHASE METHOD

☐ CreditCard       ☐ CheckEnclosed       ☐ A check will be mailed (Please email order form to fls@sages.org)


Cardholder Name: ___________________________ Signature: ___________________________

Please mail all checks to: SAGES, FLS Program 11300 W. Olympic Blvd., Suite 600, Los Angeles, CA 90064