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>
<tbody>
<tr>
<td>Testing Voucher</td>
<td>$500</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(Voucher expires after 12 months)

| RETEST Voucher                |       |          | $125  |
Test Taker’s Name (Required): ______________________________
Voucher #(Required): ______________________________

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 emailed (Please email order form to fls@sages.org)

Card No: ____________________________ Security Code: ____________ Exp: __________________
Cardholder Name: ____________________________ Signature: ______________

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