



American Board of Opticianry National Contact Lens Examiners

ADVANCED REGISTRATION FORM



Print your name clearly and exactly as you would have it appear on your certificate.

PRINT YOUR LEGAL NAME NAME MUST MATCH YOUR ID	PRINT LAST NAME		PRINT FIRST NAME & MIDDLE NAME OR M. INITIAL		
ADDRESS FOR YOUR ADMISSION CARD & EXAM RESULTS	ENTER COMPANY NAME _ IF USING BUSINESS ADDRESS				
	NUMBER AND STREET				
	CITY (NO ABBREVIATIONS)	STATE	ZIP		

Work Phone () _____ Home Phone () _____
 Fax Number () _____ E-mail _____

ABO/NCLE Identification Number (6 digits) Social Security Number (Please Print the last four (4) digits of your SS#.)

TEST SITE CODE NUMBER _____ TEST CITY _____

Mark the box for the exam(s) you wish to take: **NO PERSONAL CHECKS. ONLY** cashiers/company check, money order, American Express, Discover, MasterCard or VISA credit cards.

- ABO Advanced Exam \$225.00** **NCLE Advanced Exam \$225**

Less than 6 weeks prior to exam date:

- ABO Advanced Fee \$275** **NCLE Advanced Fee \$275**

Card #: _____ Expire Date: _____

Cardholder's Name: _____

Billing Address: _____ zip code _____

Cardholder's Signature: _____

I understand all conditions and I authorize ABO/NCLE to charge my credit card account

Any decline or error with your credit card account/number will void your registration unless you can provide correct information, and result in an additional \$30 fee, before the late registration deadline. Any registration postmarked after the regular deadline and prior to the late deadline, will be charged the late registration fee whether the box is marked.

By signing and submitting this registration form, I accept the conditions set forth by ABO and NCLE concerning eligibility, deadlines, non-refundability of registration fees, transfers, administration of the exam, and the reporting of scores. I authorize investigation of all statements contained in this form. I understand that misrepresentation or omission of facts is cause for denial of testing, or withholding of scores.

YOUR signature is required.

Signature: _____

Date: ____ / ____ / ____

** DEADLINE FOR U.S. POSTMARK: 6 WEEKS PRIOR TO EXAM DATE **

Mail registration and fee to: ABO/NCLE, 6506 Loisdale Rd, #209, Springfield, VA 22150

EXAM FEES ARE NON-REFUNDABLE