



Please email this order form to [fls@sages.org](mailto:fls@sages.org)  
 Phone: 310-437-0544 ext. 137

# ORDER FORM

**PURCHASER NAME:** \_\_\_\_\_

**INSTITUTION NAME:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **COUNTRY:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **PHONE 2:** \_\_\_\_\_

**EMAIL FOR RECEIPT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

FLS Products	Price	Quantity	Total
<b>Testing Voucher</b> (Voucher expires after 12 months)	\$500		
<b>RETEST Voucher</b> Test Taker's Name (Required): _____ Voucher #(Required): _____	\$125		
<small>All retest vouchers expire 18 months from the test taker's original exam date, regardless of when they were purchased.</small>			
<b>TOTAL</b>			\$

## PURCHASE METHOD

CreditCard   
  CheckEnclosed   
  Acheck willbemailed (Please email order form to [fls@sages.org](mailto:fls@sages.org))

**Card No:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_ **Exp:** \_\_\_\_\_

**CardholderName:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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