



Please email this order form to 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
Testing Voucher (Voucher expires after 12 months)	\$500		
RETEST Voucher 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>			
TOTAL			\$

PURCHASE METHOD

CreditCard
 CheckEnclosed
 Acheck willbemailed (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