EXAM ORDER FORM

Please complete ALL areas of this form to avoid a delay in processing your order.

BIll TO:

Organization: ________________________________________________________________
Name: ________________________________________________________________
Billing Address: ____________________________________________________________
City, State, Zip: ___________________________________________________________
E:mail: ________________________________________________________________
Phone: ________________________________________________________________
Payment Method: □ Visa/Mastercard □ Check enclosed □ PO enclosed
Credit Card Number: ________________________________________________________
Exp Date: ________________________________________________________________
CVV Number: _____________________________________________________________ 3 digits on back of card in signature line
PO Number: _______________________________________________________________

SITE/SCHOOL INFORMATION:

Please write clearly.
Testing Site/School Name: ____________________________________________ ST: ____
Teacher’s Name: __________________________________________________________
(Cannot be Proctor)

Testing Site Administrator Name, if not Teacher: _______________________________
Teacher’s Name: __________________________________________________________
Test Site Administrator, Title, if not Teacher: ________________________________

Testing Site Administrator’s Phone Number: (______)__________________________
Testing Site Administrator’s E-mail: __________________________________________

A*S*K exam prices are based on quantity purchases.
See www.askinstitute.org for details.

<table>
<thead>
<tr>
<th>Exam Name</th>
<th>Quantity Ordered</th>
<th>Price Each</th>
<th>Total Price</th>
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<tbody>
<tr>
<td>Fundamental Marketing Concepts</td>
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<tr>
<td>Fundamental Business Concepts</td>
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<tr>
<td>Concepts of Finance</td>
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<tr>
<td>Entrepreneurship/Management</td>
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<tr>
<td>Fundamentals of Ethics</td>
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<tr>
<td>Pretest (Available July 1 – November 30 only)</td>
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<td><strong>TOTAL</strong></td>
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</table>

Authorized Signature: ________________________ Date: __________

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