

**NACM Exam Retake Form**

Mr./Ms.

First Name	Middle or Maiden Name	Last Name
Birth Month and Day (MM/DD)	Company	
Business Telephone	Business Fax	
Business E-Mail Address	Home Telephone	
Local Affiliate Office		

I plan on attempting a designation exam on the date indicated below. I have completed this form as notification of my intent and will return it along with the accompanying non-refundable fee at least 30 days prior to the specified exam date. I understand that all exam fees must be paid prior to attempting the exam. I further understand that I have up to three years from the date of my written confirmation to pass the exam and that after this time I will have to reapply. The exam will be given at my local Affiliated Association office, unless special advanced arrangements have been made. I have notified my Affiliate office to confirm my status and time to attempt the exam.

If there is a need to reschedule the exam date, I will notify the NACM-National Education Department in writing via mail or fax two weeks prior to my original selected exam date. I understand that if I do not reschedule my exam appointment and fail to show up to take the exam, I will be subject to a rescheduling/no-show fee.

**Exam Date:**

- |  |   |
|--|---|
| <input type="checkbox"/> Monday, March 9, 2009                               | <input type="checkbox"/> Monday, March 8, 2010                                |
| <input type="checkbox"/> Sunday, June 14, 2009, Credit Congress, Orlando, FL | <input type="checkbox"/> Sunday, May 16, 2010, Credit Congress, Las Vegas, NV |
| <input type="checkbox"/> Monday, July 27, 2009                               | <input type="checkbox"/> Monday, July 26, 2010                                |
| <input type="checkbox"/> Monday, November 9, 2009                            | <input type="checkbox"/> Monday, November 8, 2010                             |

<b>Exam to be taken:</b>	<b>CBA</b>	<b>CBF</b>	<b>CCE</b>
<b>(Circle One)</b>	<b>\$55</b>	<b>\$80</b>	<b>\$110</b>

A check, made payable to **NACM-National Education Department**, is attached.

Charge to:     VISA             MasterCard             American Express             Diners Club             Discover Card

Card Number	Card ID/Security Number	Expiration Date
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Cardholder's Name	Cardholder's Signature
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Credit Card Billing Address

Please mail completed form to:  
 NACM-National Education Department  
 8840 Columbia 100 Parkway  
 Columbia, MD 21045-2158  
 OR fax completed form to: 410.740.5574