

## FenestrationMasters Order Form and Credit Card Authorization

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**Please select items to be purchased:**

	<b>FenestrationMaster Member/Non-member</b>	<b>FenestrationAssociate Member/Non-member</b>
<b>Courses and Exam</b>		
Subscription	<input type="checkbox"/> \$500/ <input type="checkbox"/> \$1000	<input type="checkbox"/> \$450/ <input type="checkbox"/> \$900
Exam	<input type="checkbox"/> \$200/ <input type="checkbox"/> \$400	<input type="checkbox"/> \$150/ <input type="checkbox"/> \$300
Subscription plus exam	<input type="checkbox"/> \$650/ <input type="checkbox"/> \$1350	<input type="checkbox"/> \$550/ <input type="checkbox"/> \$1150
Additional practice exam voucher	<input type="checkbox"/> \$50/ <input type="checkbox"/> \$50	<input type="checkbox"/> \$50/ <input type="checkbox"/> \$50
<b>FenestrationMasters Virtual Library</b>		
Printing Privileges*	<input type="checkbox"/> \$150/ <input type="checkbox"/> \$300	<input type="checkbox"/> \$100/ <input type="checkbox"/> \$200
<small>*For the remaining duration of the original 12-month course subscription + exam access</small>		
<b>Re-examination and Cancellation Fee</b>		
3-month Subscription Extension	<input type="checkbox"/> \$150/ <input type="checkbox"/> \$300	<input type="checkbox"/> \$125/ <input type="checkbox"/> \$250
Re-examination (30-day waiting period)	<input type="checkbox"/> \$150/ <input type="checkbox"/> \$300	<input type="checkbox"/> \$100/ <input type="checkbox"/> \$200
Cancellation Fee (less than 24-hour notice)	<input type="checkbox"/> \$150/ <input type="checkbox"/> \$150	<input type="checkbox"/> \$150/ <input type="checkbox"/> \$150
<b>Recertification</b>		
Recertification Subscription	<input type="checkbox"/> \$200/ <input type="checkbox"/> \$325	<input type="checkbox"/> \$150/ <input type="checkbox"/> \$225

Additional information: \_\_\_\_\_  
 \_\_\_\_\_

Handling Fee: **\$2.00**

Total to be Charged: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name as It Appears On Card: (Please Print) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Type of Credit Card:  MasterCard  Visa  Discover  American Express

Additional information: \_\_\_\_\_

**I understand and agree that by signing below, I am authorizing AAMA to charge my credit card for the amounts specified above. Further, I understand and agree that if the transaction fails, I am responsible for the remainder of the payments via a different credit card or a company check.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_