



Certification Verification

Contact Person \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_ Individual verification (for contact person) \$25.00

\_\_\_ Institution/Organization verification (for employee/potential employee) \$50.00

Method of Payment				
<input type="checkbox"/> Check	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Credit Card Number _____ CVV# _____ Exp. Date _____				
Name on Card (Please print) _____				
Billing Address _____				
Signature of Cardholder _____ Date _____				