



COVT Multiple Choice Examination and Oral Interview Payment Form

COVT Fee: _____ \$290.00 COVD Member _____ \$360.00 Non-Member

Candidate Name: _____

METHOD OF PAYMENT

____ Check ____ American Express ____ Discover ____ MasterCard ____ Visa

If paying by check: Payment must be drawn on a U.S. bank, in U.S. funds. Make payable to COVD.

If paying by credit card:

Name as it appears on card: _____

Billing Address: _____

Credit Card #: _____

Exp. Date: _____ Security # on back (or front) of card: _____

Signature of cardholder: _____

Mail: College of Optometrists in Vision Development (COVD)
 215 West Garfield Road, Suite 200
 Aurora, OH 44202

FAX: 330-995-0719