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Fellowship Multiple Choice Examination and Oral Interview Payment Form

FCOVD Fee: _____ \$630.00 COVD Member _____ \$905.00 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: _____

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

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

FAX: 330-995-0719