

DATE: _____

**Circle of Security INVOICE & Exam REGISTRATION
Certification Exam - Shark Music DVD**

NAME OF PERSON REGISTERING FOR EXAM: _____

ORGANIZATION: _____

PREFERRED MAILING ADDRESS: _____

EMAIL: _____

Circle of Security Intensive training completed: _____ / _____ (i.e. Spokane/2009)
(City) (Year)

Payment accepted by check or credit card

Circle of Security Examination and Certification Fee - \$200 (US Dollars)

\$_____ Certification Exam Fee

Circle of Security "Shark Music, plus Baby Bonding" DVDs - \$25 (US Dollars)

_____ Number of COS "Shark Music, plus Baby Bonding" DVDs @ \$25.00 each

\$_____ Total Cost of COS "Shark Music, plus Baby Bonding" DVDs

Check Enclosed - made out to Circle of Security in the amount of \$_____

Payment by Credit Card. Charge my credit card \$_____

Name on Credit Card: _____ Phone _____

Credit Card Billing Address: _____
(if different than above mailing address)

Credit Card Number _____ Exp. Date _____

Credit Card Type ___ VISA ___ M/C ___ AMEX

Mail Invoice/Exam Registration, Payment, and Signed Confidentiality Oath to:

Circle of Security
35 West Main, Suite 260
Spokane, WA 99201

Contact the Circle of Security office at info@circleofsecurity.org or (509) 462-2024 with questions.