

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

DATE: \_\_\_\_\_

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 (must be in US Dollars) or credit card (charge will be processed in US Dollars). Fees are non-refundable.***

**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 number \_\_\_\_\_

Credit Card Billing Postal Code: \_\_\_\_\_  
(if different than above mailing address)

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ \*V-Code \_\_\_\_\_  
(we accept VISA, Mastercard and American Express) (\*3 or 4 digit # on back of card)

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

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

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