



Payment of Exam Fee

Date:		
Candidate Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
International Applicants: Please include your country code with telephone and fax numbers.		

Please check one:		
Group Administration at out annual conference - \$150	<input type="checkbox"/>	
Individual Administration of Exam - \$75	<input type="checkbox"/>	

Return this completed form with your check to: com

QEEG Certification Board | 1925 Francisco Blvd. E. #12 | San Rafael, CA 94901

Cynthia Kerson, secretary qeegcb@gmail.com