



*Medical Association of Billers*  
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 702-240-8519 ~ Fax: 702-243-0359

**PROCTOR SITE REQUEST FORM**

**Proctor Site Information**

Proctor Site Location		Proctor Name		
Address		City	State	Zip
Day Phone No.	Phone 2	Fax No.		

**Exam Information**

Date		Time		
# of Exams	# of Memberships, Ind.	# of Memberships, Corp.	* Total Payment \$	

*\*Please review your Proctor Site Packet for fee calculation.*

