

**AAAE MULTIPLE-CHOICE EXAM
RETAKE FORM**

Registrant's Name: _____

Member #: _____

Address: _____

Phone Number: _____

FAX: _____

Email: _____

I agree to pay the \$75.00 retake fee for the AA AE Certified Member exam. Please charge
my: (circle one)

American Express

Visa

Mastercard

Card #: _____ Expiration Date: _____

Signature: _____

Please mail this form to

AAAE
601 Madison Street
Suite 400
Alexandria, VA 22314
Attn: Accreditation Dept.