



2016 IBLCE Payment Form

Recertification by CERPs Fee	Deadline Date	US DOLLARS
<input type="checkbox"/> Recert by CERPs Fee	Deadline: Friday, September 30	\$470

Your Name Sandra Escamilla
 First Name Last Name

IBCLC ID # L-19885

PAYMENT OPTIONS:

1. CHECK or MONEY ORDER (Please make checks or money orders payable to IBLCE.)

2. CREDIT CARD Please charge \$_____ to the following credit card:

VISA MasterCard Discover American Express

Card No.

Verification Code: _____ Card expiration date ____ / ____

Signature of Cardholder _____

Name of Cardholder (Please print) _____

Cardholder's Phone Number _____ Cardholder's Postal Code _____

SENDING OPTIONS:

Fax: 703-560-7332

**Mail: IBLCE In the Americas
 10301 Democracy Lane, Suite 400
 Fairfax, VA 22030**

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Application fee for	Deadline Date	USD Tier 1	USD Tier 2	USD Tier 3
October Exam				
<input type="checkbox"/> Exam Retake Fee	Sunday, July 31, 2016	\$330	\$200	\$127.50

* Fees are dependent upon your country of residence. Please see the list of countries by tier on the next page.

Candidate's Name Georgina Tober
First Name Last Name

IBCLC ID Number L-100489

PAYMENT OPTIONS:

CREDIT CARD INFORMATION

Please charge \$ _____ to the following credit card:

Name of Cardholder (Please print): _____
(as it appears on credit card)

VISA MasterCard Discover American Express

Card No.

Card expiration date ____ / ____

Verification Code: _____

Billing Address Line 1: _____
(as it appears on billing statement)

Address Line 2: _____

City: _____

State/ Province: _____

Postal Code: _____

Country: _____

Signature of Cardholder: _____

Cardholder's Phone Number: _____

COMPLETED APPLICATION TRANSMISSION OPTIONS:

Fax: 703-560-7332 or 001-703-560-7332 (outside of the U.S.)

For security reasons, please do not email this application to IBLCE.