



**Medical Association of Billers**  
 PO Box 1090  
 Mount Jackson, VA 22842  
 888-507-0021 • www.mabillers.com

## Proctor Exam Request Form

Proctor Site Location:			
Proctor's Name	Exam Date and Time		
Exam Ship To Address	City	State	Zip
Proctor's Phone	Proctor's Email		
Session Details			
# of New Memberships: _____	_____ x \$115 = \$ _____ (total)	_____ x \$20 = \$ _____ (proctor)	
	_____ x \$95 = \$ _____ (MAB)		
If 1-5 exams # of Examinations: _____	_____ x \$199 = \$ _____ (total)		
If 6-15 exams # of Examinations: _____	_____ x \$199 = \$ _____ (total)		
	_____ x \$20 = \$ _____ (proctor)		
	_____ x \$179 = \$ _____ (MAB)		
If 16-20 exams # of Examinations: _____	_____ x \$199 = \$ _____ (total)		
	_____ x \$30 = \$ _____ (proctor)		
	_____ x \$169 = \$ _____ (MAB)		
If 21+ exams # of Examinations: _____	_____ x \$199 = \$ _____ (total)		
	_____ x \$40 = \$ _____ (proctor)		
	_____ x \$159 = \$ _____ (MAB)		
If 1-9 manuals # of Study Guides: _____	_____ x \$45* = \$ _____ (total)		
If 10-24 manuals # of Study Guides: _____	_____ x \$40* = \$ _____ (total)		
If 25+ manuals # of Study Guides: _____	_____ x \$35* = \$ _____ (total)		
	(includes one free Instructor version for every 25)		
<b>Total</b>	\$ _____ (plus any shipping/handling)		

\* Plus shipping and handling