



# American Board of Endodontics

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## Written Examination Registration Form

### Written Examination Registration

- Please accept my application for the computer-generated Written Examination to be held starting on Monday, June 2 through Friday, June 6, 2008. I have enclosed payment (check or money order made payable to the ABE) in the amount of \$170. (If you previously paid but did not take the examination, please contact the Central Office). You must receive your authorization letter from the Central Office before contacting Pearson Vue to register for the examination. The Board notification letter will include your required identification number and complete registration instructions.

Your social security number is required for Written Examination registration.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

**Please return completed form to:**

**American Board of Endodontics – 211 E. Chicago Ave. Ste 1100 – Chicago, IL 60611**