

REGISTRATION FORM for TOVA Serial(s) # _____

MAIL FORM TO:

 The TOVA Company
 3321 Cerritos Ave
 LOS ALAMITOS, CA 90720

FAX FORM TO:

 (800) 452-6919 OR
 (562) 594-7770
E-MAIL: info@tovatest.com
OR CALL FOR ASSISTANCE:

 (800) 729-2886 OR
 (562) 594-7700

PROVIDER INFORMATION (PLEASE TYPE or write clearly)

T.O.V.A. PROGRAM OWNER NAME: _____

PRIMARY CLINICAL CONTACT NAME (IF DIFFERENT FROM ABOVE): _____ DEGREE/LICENSE: _____

SECONDARY CONTACT(S): _____ DEGREE/LICENSE: _____ ; _____ DEGREE/LICENSE: _____ ;

SHIPPING/MAILING ADDRESS: _____ BILLING ADDRESS: _____

CLINICAL PHONE: _____ BILLING CONTACT: _____

CLINICAL FAX: _____ BILLING PHONE: _____

CLINICAL E-MAIL(S) _____ BILLING EMAIL: _____

AUTHORIZED SIGNATURE
PRINT NAME AND TITLE

FACILITY/PRACTICE INFORMATION

Do you want to be on our email list (we will not release or sell your information)? Yes _____ No _____

How did you hear about T.O.V.A.? _____

What type or setting or kind of practice do you have? _____

What populations do you see? _____

How do you plan to use the T.O.V.A. (adhd evaluation _____, treatment monitoring _____, TBI _____, Differentiating Dx _____, Autism _____, Research, _____, Other): _____

Do you assess _____, treat _____, both _____, or _____ refer out for: _____

Who will be administering the T.O.V.A. test? _____

Do you want to be on our Referral Network?* NO YES (Please complete the following information.)

What are your surrounding Areas or Zip Codes: _____

Who is the contact (if different from above): _____

Address (if different from above): _____

Phone # (if different from above): _____ Office Hours: _____

Specialty/Services: _____

Do you accept insurance? If so which: _____

PAYMENT PREFERENCE (PLEASE CHECK ONE)

- PURCHASE ORDER: Remember to include hard copies of Purchase Order
- CHECK: Remember to include the T.O.V.A. Serial (s) #: _____
- CREDIT CARD: We gladly accept: VISA, MasterCard, Discover Card, and American Express
- PayPal: Send invoice to my paypal account : _____ and I will pay from there.

CREDIT CARD: I will authorize each time.

CREDIT CARD: **Keep On File.** I authorize The TOVA Company to charge my credit card as needed. I understand the amounts may vary and I may cancel this automatic payment plan anytime by contacting The TOVA Company.

Visa MasterCard Discover Card American Express

Full name of credit card holder: _____

Cardholder Billing Address: _____

Card #: _____ Expiration Date: MO ___ YR ___ VN # _____

Signature: _____

Pay by Bank Wire Transfer: Senders are responsible for any fees, deductions, or currency exchange shortages that may be removed from payments before they are received by The TOVA Company. Please specify to your bank or institution to state/write "**ALL CHARGES OURS**" or "**NO CHARGES FOR BENEFICIARY**" (written in English and YOUR language if different) in your sending instructions. Make payments payable to: The TOVA Company

Bank Name:	CITIBANK
Banker Branch:	12800 Seal Beach Blvd., Suite E Seal Beach, CA 90740
Sort Code / IBAN No. / SWIFT CODE:	CITIUS33
Account Number:	202385472
ABA Routing Number:	322271724