

PARTICIPANT INFORMATION Please type or print information.

First Name		Last Name		Designation (e.g., IPMA-CP)	
Title				Date of Birth	
Agency/Organization					
Mailing Address					
City		State/Province		ZIP/Postal Code	
Country					
Phone			FAX		
E-mail Address			IPMA-HR Member # (required for all members)		

RACE CODE (Required by US Dept. of Education) Please check the appropriate category.

- | | | |
|--|--|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian | <input type="checkbox"/> Black, non-Hispanic |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White, non-Hispanic | <input type="checkbox"/> Unknown / Other |

ON-LINE COURSE SELECTION & FEES Please check the appropriate course date and fee category.

- | | | |
|---|--------------------------------|------------------------|
| <input type="checkbox"/> February 15 – May 2, 2012 | <input type="checkbox"/> \$795 | Current IPMA-HR Member |
| <input type="checkbox"/> June 6 – August 22, 2012 | <input type="checkbox"/> \$900 | Join IPMA-HR Now* |
| <input type="checkbox"/> September 26 – December 12, 2012 | <input type="checkbox"/> \$995 | Non IPMA-HR Member |

* Join IPMA-HR Now rate includes full course and one year individual online membership.

REGISTRATION AND PAYMENT

Registrations are processed in the order in which they are received. Full payment must be submitted with registrations. Registrations received without payment will not be processed.

- FAX registration form with credit card information to (703) 684-0948.
- MAIL registration form with payment payable to IPMA-HR, 1617 Duke Street, Alexandria, VA 22314

Check Enclosed (payable to IPMA-HR) Purchase Order: _____

I authorize IPMA-HR to charge \$ _____ to my: MasterCard Visa

Card#	Expiration Date
Name of Card Holder	Signature

Confirmation: We will confirm registration by mail and/or email within 10 days of receipt of your completed registration and payment.

CANCELLATION / REFUND POLICY

- All cancellation requests must be submitted in writing and faxed to (703) 684-0948 or mailed (address above).
- If received in writing 3 weeks before the start date IPMA-HR will refund the registration fee less a \$50 processing fee.
- Registration fees will not be refunded for (1) cancellations received after 3 weeks before the start date or (2) no-shows.

SEND REGISTRATION AND PAYMENT TO:
IPMA-HR
1617 Duke Street
Alexandria, Virginia 22314
Fax: (703) 684-0948 Email: meetings@ipma-hr.org

QUESTIONS ABOUT THE PROGRAM? CONTACT:
IPMA-HR Professional Development Department
Phone: (703) 549-7100
Fax (703) 684-0948
meetings@ipma-hr.org