

Course Registration Form

1. Contact Information – Please Print

Name _____

First name for course badge _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Day Phone _____ Cell/Evening Phone _____

E-mail _____ Fax _____

Check here if the above information should be your preferred IREM mailing address.

2. IREM Member Discount

(Select One)

PREMIER MEMBER RATE	CLASSIC MEMBER RATE
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- | | |
|---|---|
| <input type="checkbox"/> CPM® Member | <input type="checkbox"/> Associate Member |
| <input type="checkbox"/> CPM® Candidate | <input type="checkbox"/> Academic Member |
| <input type="checkbox"/> ARM® Member | <input type="checkbox"/> Student Member |
| <input type="checkbox"/> ACoM Member | |
| <input type="checkbox"/> AMO® Firm Employee | |

IREM ID#, CPM® number, ARM® number, or ACoM number

Please send me the following membership applications

- | | |
|---|------------------------------------|
| <input type="checkbox"/> ARM® | <input type="checkbox"/> Student |
| <input type="checkbox"/> AMO® | <input type="checkbox"/> Academic |
| <input type="checkbox"/> ACoM | <input type="checkbox"/> Associate |
| <input type="checkbox"/> CPM® Candidate | |

3. Classroom Location

(As listed in the course schedule at www.IREM.org)

I may require special accommodations, including auxiliary aids or services, to fully participate in the course(s). Please have the IREM® registration staff contact me.

4. Payment Method

Check or money order (Payable to the sponsoring IREM® Chapter)

Check number: _____

VISA MasterCard Discover

No AMEX

Card No. _____ Exp. _____

Cardholder's Name _____

Cardholder's Billing Address _____

Signature _____ Date _____

5. Course Number

Format

(Classroom, online, home study)

Date

(For classroom or online)

Tuition

Course Number	Format (Classroom, online, home study)	Date (For classroom or online)	Tuition

SP Please send this form to the appropriate course registrar. Para registrar por un curso en español, por favor se incluye las letras "SP" detra's del numero del curso, por ejemplo: "MKL405SP".

Total _____

Special Course Notes: If registering for MPSAXM, please select a property type below:

- Conventional apartment Retail strip shopping center Office building

Ways to Register: Mail

IREM Del Val #3
PO Box 65
Riverton, NJ 08077

Phone

856-786-9260

Fax

856-786-3894

Online/E-mail

www.IREM3.org
admin@irem3.org