



EXAM REGISTRATION

1. Return completed registration form to the IMA office with payment. Make checks payable to IMA.
2. TYPE or PRINT all information carefully.
3. List your name and company name the way it should appear on registration list.

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Email _____

EXAM SESSION:

- IMA Executive Summit
- Tuesday, Chicago, IL (Motivation Show) 1- 4 pm
- Wednesday, Chicago. IL (Motivation Show) 1- 4 pm

Call the IMA office at 630.369.7780 for additional exam dates.

EXAM REGISTRATION FEE:

- IMA Members \$225.00
- Non-members - \$300.00

PAYMENT METHOD:

- Check enclosed. (Mail registrations/purchases only.)
- Charge \$_____ to MasterCard Visa American Express.

Credit Card # _____ Expiration Date _____

Signature _____

RETURN THIS FORM WITH PAYMENT TO:

**IMA
1801 NORTH MILL STREET
SUITE R
NAPERVILLE, IL 60563
FAX: 630/369-3773
EMAIL: Karen@incentivemarketing.org**