ONLINE EXAM REGISTRATION – Reserve a minimum of ninety-minutes for the your online test session.

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 _____

ONLINE EXAM PREFERRED SESSION: ***Date:***
Time:

Call the IMA office at 630.369.7780 for additional exam options.

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
1601 NORTH BOND STREET
SUITE 303
NAPERVILLE, IL 60563
FAX: 630/369-3773
EMAIL: Karen@incentivemarketing.org

Incentive Marketing Association