



## Registration Form

Name of Event: \_\_\_\_\_  
*Examples: Jan 25, 2011 meeting - 2011 dues - Fall Golf Tournament*

Mail to: 665 Red Oak Rd., Stockbridge, GA 30281 or fax to: 404-768-7767

Name of Cardholder: \_\_\_\_\_

Company: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Member Type:  Professional  Associate  Non-Member  Student  USGBC  
\*\*Nonmembers Only, please provide billing address:

Street: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

How did you find out about this event?

IFMA Web Site  IFMA Member  Professor  Newsletter  Other

Questions/Comments:

Name(s) of persons attending: Indicate with \* by the names of attendees who wish to have CEU credit if the program qualifies.

---

---

---

Payment Type:  Check  Credit Card (If Credit Card, please complete the information below.)

Card Type:  AMEX  Mastercard  Visa

Name of Cardholder: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ and ZIP Code of billing address: \_\_\_\_\_

AMOUNT TO CHARGE: \_\_\_\_\_ Credit Card ID No. (See Below): \_\_\_\_\_  
(Charge will indicate "AHQI-IFMA")

Authorized Signature: \_\_\_\_\_

\*\*\*Here is a sample of how to find your credit card ID number:



MC/VISA:  
3 digits on back of card



American Express  
4 digits on front of card