

REGISTRATION

ATMS™ Qualifying Test

Customer Information (Please print clearly.)

Individual ID# or CEBS® ID# _____
Full first name _____ M.I. _____ Last name _____
Employer _____ Title _____
Address _____ Business Home
City _____ State/Province _____ Country _____ ZIP/Postal code _____
Phone _____ Business Home Mobile
Email _____

Please note: Participant email address is required for all online tests.

Registration Information

ATMS Qualifying Test (available online for 180 days from date of purchase)

Study materials are available in the test environment.

Blue-9760 Online ATMS Qualifying Test and Study Materials C\$475

ATMS Course

I plan to attend the ATMS course in _____ on _____.*
location date

***Please note:** Registering for the qualifying test does **not** reserve a space for you in the ATMS course.

Separate registration for ATMS (after completing the qualifying test) is required.

Registration/Order Summary

Total (Canadian funds) C\$ _____

Payment Must Accompany Order

See our policies at www.ifebp.org/policies.

Full payment in Canadian funds must accompany order. Make cheque payable to International Foundation.

Cheque # _____ C\$ _____

Credit card # _____

Exp. date _____

Cardholder's name (print) _____

