

# REGISTRATION

## FTMS®/ATMS™/MTMS Test Retake

### 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 required for all online tests.

### Registration Information

**Online Tests** (will be available for 60 days from date of purchase)

- EL43 FTMS—Test Retake ..... C\$145
- EL48 ATMS Session A—Test Retake ..... C\$145
- EL49 ATMS Session B—Test Retake ..... C\$145
- EL182 MTMS Session A—Test Retake ..... C\$145
- EL183 MTMS Session B—Test Retake ..... C\$145

### Registration/Order Summary

Total (Canadian funds) C\$ \_\_\_\_\_

### Payment Must Accompany Order

See our policies at [www.ifebp.org/policies](http://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) \_\_\_\_\_

