

ISM PROGRAM REGISTRATION FORM

NOT FOR USE WITH ONLINE PROGRAMS

INTERNET:

Complete and submit your order form via the Internet at www.ism.ws. Select Products & Study Materials.

FAX:

Complete the order form and fax (24 hours) with your credit card information to 480/752-2299.

MAIL:

Complete the order form and mail with your check or credit card information to ISM, P.O. Box 22160, Tempe, AZ 85285-2160 USA.

PHONE:

Note the item number(s) you wish to order, have your credit card ready, and call 800/888-6276 or 480/752-6276, extension 401, to place your order.

Program Number _____ Program Date _____

Program Title _____

☐ ISM Member ☐ Nonmember ISM ID # (if known) _____

I am a C.P.M.: ☐ Yes ☐ No I am an A.P.P.: ☐ Yes ☐ No

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

First Name _____ MI _____ Last Name _____

Title _____ Organization Name _____

MAILING ADDRESS: ☐ HOME ☐ BUSINESS

City _____ State _____ ZIP Code _____

Country _____ Postal Code _____

(____) _____ (____) _____

Daytime Phone Number* _____ Fax Number* _____ E-Mail Address _____

*For international phone numbers, please include country and city codes.

METHOD OF PAYMENT: (U.S. Funds Only) *Prices are subject to change*

☐ Personal ☐ Organization check is enclosed for \$ _____ Org. Name _____

Credit/Procurement Card Charge: ☐ VISA ☐ MasterCard ☐ American Express ☐ Diners Club

Charge Card # _____ Expiration Date ____/____

Amount to be Charged \$ _____ Cardholder Signature _____

☐ Please check here if you have any special needs that we can address to make your participation more enjoyable and informative (this includes any dietary or physical requirements).