

IPC EMS Program Manager Training and Certification Registration Form

Name	Mail Stop/Title
Company	
Mailing Address	
City/State/ZIP Code	
Area Code/Phone	Ext.
E-Mail	
Fax	

FEES

SAVE when you sign-up for the Complete Registration Package which includes all four segments and the Certification Exam. Save more than 25% off the registration fee for individual segments.

	Member	Non-Member	Total
<input type="checkbox"/> Sign me up for the Complete Registration Package. <i>(Choose the dates/locations from below.)</i>	\$3,895	\$5,095	_____
<input type="checkbox"/> Sign me up for individual segments. <i>(Choose the dates/locations from below.)</i>	_____ x \$1,095 each	_____ x \$1,495 each	_____
<input type="checkbox"/> Certification Exam.	\$ 500	\$ 500	_____
		TOTAL	_____

DATES AND LOCATIONS

Introduction to EMS Training and Program Management (Prerequisite for all other classes)

- August 20–21, 2012; Chicago, IL
(in conjunction with IPC Midwest™)
- October 5–6, 2012; Tampa, FL

EMS Training I*

- Self-study/Internet based
- * *This segment does not need to be completed before EMS II*

EMS Training II

- August 23–24, 2012; Chicago, IL
(in conjunction with IPC Midwest™)
- November 2–3, 2012; Tampa, FL

EMS Leadership Training and Certification Exam

- July 19–21, 2012; Columbus, OH
- August 18–19, 2012; Chicago, IL *(in conjunction with IPC Midwest™)*
- December 6–8, 2012; Tampa, FL

Certification Exam Only

- July 21, 2012; Columbus, OH
- August 20, 2012; Chicago, IL *(in conjunction with IPC Midwest™)*
- December 8, 2012; Tampa, FL

CANCELLATIONS/SUBSTITUTIONS Effective January 1, 2008

All registrants must cancel at least one business day prior to the start of the segment for which they have registered in order to receive a full refund. Registrants failing to cancel will forfeit their registration fee. Registrations may be transferred to another individual at any time without penalty. All registrants must complete all four segments within a 12 month time frame or they will be charged an additional \$500 per segment they need to complete. For more information see IPC Website, www.ipc.org/emscert or call +1 847-615-7100.

METHOD OF PAYMENT

- Check enclosed, made payable to IPC.
- Please bill my company against purchase order # _____ *(Option For IPC Members Only).*
- Charge my credit card (check one): Visa Master Card American Express Diners Club

Cardholder Number	Expiration Date
Card Name	
Billing Address	
Signature	

MAIL TO: IPC, 3491 Eagle Way, Chicago, IL 60678-1349 FAX TO: +1 847-615-7105

PLEASE SEND ME INFORMATION ON IPC MEMBERSHIP.

Association Connecting Electronics Industries

