

IEA REGISTRATION FORM



Mr. Ms.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

E-mail _____

Fax _____

Employer _____

Broker/Agent License # _____

Persons with disabilities accommodations: _____

By signature you confirm that you have read and accepted IEA's withdraw, cancellation and transfer policy located on www.ieatraining.com.

Signature: _____ Date: _____

3611 South Harbor Boulevard
Suite 180
Santa Ana, CA 92704

Phone: 800.655.4432
Fax: 714.689.0167

www.ieatraining.com

Registration form and fees should be received within 7 days prior to the program start date. You will receive a confirmation/receipt of your registration when tuition fees are paid in full. IEA is not responsible for non-receipt of confirmation postcard. Checks returned for any reason require an additional processing fee of \$25.00. Please retain a copy of your completed registration form for your files.

Enroll me in the following courses, workshops or lectures:

_____	_____	_____	\$ _____
Course Code:	Location (if applicable) or Online	Start Date or Self Study	Fee
_____	_____	_____	\$ _____
Course Code:	Location (if applicable) or Online	Start Date or Self Study	Fee
_____	_____	_____	\$ _____
Course Code:	Location (if applicable) or Online	Start Date or Self Study	Fee

PAYMENT METHOD

Fees Paid By: Company Student

Check (Make checks payable to IEA)

Credit Card

Visa Mastercard American Express Discover

Card Number: _____ CVV _____ Expiration Date (Mo/Yr): _____

Print name as is on card: _____ Date: _____

Signature: _____