

2010 ICE ACADEMY REGISTRATION FORM

Completed registration forms with **check** or **credit card** payment should be sent to ICE, Department 3032, Washington, DC 20042-3032 or faxed to 202/367-2165 (credit card only).

Participant Information:

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____

E-mail: _____

Please indicate the seminars that you are registering for:

**All seminars begin at 2pm EST with varied run times (minimum of one hour followed by a Q&A period)*

Beyond Certification Exams—Diversify Revenue, Repurpose Assets & Maintain Quality (January 13)

Select Payment:

\$85 Member Fee (per seminar)

\$125 Non-member Fee (per seminar)

TOTAL: _____

Check one:

Check Enclosed MasterCard Visa American Express

Card Number: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

Questions? Call 202/367-1165 or email info@credentialingexcellence.org

**Return via: Mail - ICE, Department 3032, Washington, DC 20042-3032
Fax - 202/367-2165 (credit card only)**