

Course Registration Form



1. Contact Information - Please Print 2. IREM® Member Discount

Name _____

First Name for Course Badge _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Day Phone _____ Cell/Evening Phone _____

E-mail _____ Fax _____

Check here if the above information should be your preferred IREM® mailing address

If you are already an IREM® Member, please select your membership type

CPM® Member AMO® Firm Employee

CPM® Candidate Associate Member

ARM® Member Academic Member

ACoM Member Student Member

IREM® ID Number _____

Please send me the following membership applications

Academic Member ARM®

ACoM Student Member

AMO®

Membership applications can also be downloaded at www.irem.org/join

3. Classroom Location 4. Payment Method

If you require special accommodations in accordance with the ADA regulations, contact us at edservices@irem.org or 312-329-6042

Check or money order (Payable to IREM®)

Visa MasterCard American Express Discover

Card Number _____

Card Expiration Date _____

Corporate Card ID Number _____

Cardholder's Name _____

Cardholder's Billing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

5. Referring Chapter

Were you referred by an IREM® Chapter? Yes No

List Chapter Name _____

6. Course Format/Location (Classroom or Online) Date Tuition

Course	Format/Location (Classroom or Online)	Date	Tuition

Special Course Notes: If registering for the MPSA, please select a property type below:

Conventional Apartment Retail strip shopping center Office Building

Total _____

Ways to Register:

Mail
IREM
430 N. Michigan Ave.
Chicago, IL 60611-4090

Online/E-mail
www.irem.org
getinfo@irem.org

Phone
(800) 837-0706, ext 4650 Outside the U.S. call:
Mon-Fri, 7:30am-5pm CST +1-312-329-6000

Fax
(800) 338-4736

