



Registration

First Name: _____ Last Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Email: _____

Password: _____ Phone: _____

Company: _____

Method of Payment -

Cost of course \$189.00 (includes one year membership in IAREC)

Check # _____ (make payable to IAREC)

MasterCard

Visa

American Express

Discover

Credit Card #: _____ Expiration Date: _____

Billing address as it appears on credit card statement -

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Signature: _____

Fax to (208) 746-7963
or mail to:

IAREC
c/o Susan Burr
404 4th Ave
Lewiston, ID 83501