



## 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