



General Seminar Information and Registration

Four ways to register:

1. ONLINE registration at <http://www.ismanet.org/go/seminars>.
2. MAIL completed form and payment to: ISMA, Attn: Seminars, PO Box 803, Indianapolis, IN 46206-0803. Allow 10 business days for your registration and payment to reach the ISMA.
3. CALL the ISMA at (800) 257-4762, and have your credit card information ready.
4. FAX your completed form with credit card information to ISMA Education at (317) 261-2076.

Questions: Call the ISMA at (317) 261-2060 or (800) 257-4762, or email us at seminars@ismanet.org.

Confirmations: Upon receipt of your registration and payment, a confirmation letter will be faxed or emailed to you. Please review this letter carefully to ensure that all the information is correct. If your confirmation does not arrive three working days before the seminar, please call us to verify your registration. A note about emailed confirmations: If you have a spam filter on your Internet service provider (ISP) or email provider and you do not receive an email confirmation, you'll need to review your junk mail box to recover our message. Please set your email program to include our email address in your white list. This can be accomplished in the junk mail folder, which will have the option of adding addresses to your white list address book. If your ISP is using a spam blocker, you can go to the ISP's mail program and set your account online to add our email address to their white list. AOL subscribers are advised to simply add our organization's email address to their personal address book. If you did not provide an email address, your confirmations will be sent via the fax number you provided with your registration.

Substitutions/cancellations: Someone can substitute for you at any time; just call and let us know. We understand circumstances arise that may require you to cancel your registration. Please provide written notice at least five (5) days in advance of the scheduled program. You will receive a refund of your registration fee, less a \$25 processing charge.

ISMA Seminar Registration Form

Seminar Name/Date _____

Seminar Name/Date _____

Seminar Name/Date _____

Name _____

Are you an ISMA member? yes no

Name of Practice _____

Are you employed by an ISMA member? yes no

Email _____

Member name _____

Address _____

Amount due _____

City _____

I will be paying by: Check (payable to ISMA)

State _____ Zip _____

VISA MasterCard American Express

Phone _____ Fax _____

Card# _____

Additional Attendees:

Exp. Date _____ Card Security Code _____

Name _____

Cardholder name _____

Email _____

Cardholder billing address _____

Name _____

Email _____

Signature _____