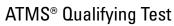
REGISTRATION





Customer Information (Plea	ase print clearly.)				
Individual ID# or CEBS® ID#					
Employer		Title			
Address					_ 🗆 Business 🗆 Home
City		State/Province _	Country	ZIP/Postal code	
Phone				🗆 Busin	ess 🗆 Home 🗆 Mobile
Email					
Please note: Participant email ad	ddress is required for all online tests.				
Registration Information					
ATMS Qualifying Test (available	online for 180 days from date of purcha	ase)			
Study materials are available in t	he test environment.				
☐ Blue-9760					
Online ATMS Qualifying Test and	Study Materials	C\$515			
ATMS Course					
I plan to attend the ATMS course	in	on		*	
	location		date		
0 0 1	ualifying test does not reserve a space for ter completing the qualifying test) is requir	,			
Registration/Order Summa	ry				
Total (Canadian funds)	C\$				
Payment Must Accompany	Order				
See our policies at www.ifebp.o	rg/policies.				
Full payment in Canadian funds n	nust accompany order. Make cheque p	payable to International Four	ndation.		
☐ Cheque #			C\$		
☐ Credit card #			Exp. date _		
Cardholder's name (print)					





