

# REGISTRATION

## ATMS® Qualifying Test

International Foundation  CANADA  
OF EMPLOYEE BENEFIT PLANS

### Customer Information (Please print clearly.)

Individual ID# or CEBS® ID# \_\_\_\_\_  
Full first name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_  
Employer \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ ☐ Business ☐ Home  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_  
Phone \_\_\_\_\_ ☐ Business ☐ Home ☐ Mobile  
Email \_\_\_\_\_

**Please note:** Participant email address is required for all online tests.

### Registration Information

**ATMS Qualifying Test** (available online for 180 days from date of purchase)

*Study materials are available in the 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

**\*Please note:** Registering for the qualifying test does **not** reserve a space for you in the ATMS course.  
Separate registration for ATMS (after completing the qualifying test) is required.

### Registration/Order Summary

Total (Canadian funds) C\$ \_\_\_\_\_

### Payment Must Accompany Order

**See our policies at [www.ifebp.org/policies](http://www.ifebp.org/policies).**

*Full payment in Canadian funds must accompany order. Make cheque payable to International Foundation.*

☐ Cheque # \_\_\_\_\_ C\$ \_\_\_\_\_

☐ Credit card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Cardholder's name (print) \_\_\_\_\_

