

# REGISTRATION

## FTMS®/ATMS®/MTMS® Test Retake

### 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 required for all online tests.

### Registration Information

**Online Tests** (will be available for 60 days from date of purchase)

- |   |         |
|---|---------|
| <input type="checkbox"/> EL43 FTMS—Test Retake            | CS\$145 |
| <input type="checkbox"/> EL283 FTMS (French)—Test Retake  | CS\$145 |
| <input type="checkbox"/> EL48 ATMS Session A—Test Retake  | CS\$145 |
| <input type="checkbox"/> EL49 ATMS Session B—Test Retake  | CS\$145 |
| <input type="checkbox"/> EL182 MTMS Session A—Test Retake | CS\$145 |
| <input type="checkbox"/> EL183 MTMS Session B—Test Retake | CS\$145 |

### 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) \_\_\_\_\_



[www.ifebp.org](http://www.ifebp.org)



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Questions?  
Email [edprog@ifebp.org](mailto:edprog@ifebp.org), or  
phone (833) 886-3749.