



# Registration Form

## CEM®/AEM Examination

**Wednesday, July 20, 2011**

**Regional Resource Center at Westchester Medical Center**

**Ramada Inn • Fishkill, NY**

**Registration Deadline: Tuesday, July 5, 2011**

### Examination Registration Fee

If you have not already done so, one of the following fees must be paid prior to sitting for the exam.

Please submit payment directly to:

IAEM Headquarters  
201 Park Washington Court  
Falls Church, VA 22046

**\$325 (US Dollars)** – IAEM Member (includes CEM® / AEM enrollment and application fee); **or**  
**\$450 (US Dollars)** – non-member (includes CEM® / AEM enrollment and application fee)

### Program Date/Time/Location

Wednesday, July 20, 2011  
1:00 PM-3:00 PM

Ramada Inn  
542 Rt 9  
Fishkill, NY 12524

**For more information on the CEM® Program, list of exam resources or IAEM Membership: 703-538-1795x2**

[www.iaem.com](http://www.iaem.com)

Please note all fees are non-refundable. Therefore, we recommend potential candidates review complete program requirements prior to registering for this program.

<p><b>Amount enclosed To Sit for the Exam</b></p> <p><input type="checkbox"/> \$325 enrollment and application fee (IAEM member rate)</p> <p><input type="checkbox"/> \$450 enrollment and application fee (IAEM non-member rate)</p> <p>Total USD \$_____</p>
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**CEM® / AEM Application Completion:**  
Note credentials packet must be submitted to IAEM headquarters within one year from date of exam.

Name:	Badge Nickname:
Title:	
Organization:	
Address:	
City/St/Zip:	
Phone:	Fax:
Email:	
<p><b>Payment Method:</b></p> <p><input type="checkbox"/> Check (payable to IAEM - U.S. funds)</p> <p><input type="checkbox"/> Purchase order</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> American Express <input type="checkbox"/> Discover</p> <p><b>The following information is required in order to process your payment.</b></p>	
Name on card:	
Card number:	
Exp. Date:	Security Code (located on front or back of card)
Credit Card Billing Address:	
Signature:	
<p>Fax or mail this form to: IAEM 201 Park Washington Ct. • Falls Church, VA 22046 Fax: 703-241-5603 • Phone: 703-538-1795 Register online at <a href="http://www.iaem.com">www.iaem.com</a></p>	