



CEM®/AEM Exam Registration Form

September 11, 2009

Emergency Management Association of Atlantic Canada
(EMAAC), Saint John, New Brunswick, Canada

Registration Deadline: Friday, August 28

Meeting & Accommodations

Posted at <http://www.emaac.net/Conference%202009/Conference%202009.htm>

Exam Registration Fee

If you have not already done so one of the following fees must also 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)

Exam Date/Time/Location

Friday, September 11, 2009
Delta Brunswick Hotel
39 King Street
Saint John, New Brunswick, E2L 4W3
506-648-1981 or 1-888-890-3222

CEM® / AEM Exam

10:30 am – 12:30 pm - Ballroom B

For more information on the CEM® Program, register and download the five program documents including list of exam resources:

<http://www.iaem.com/certification/generalinfo/intro.htm>

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

Amount enclosed (check one)

To Sit for the Exam

- \$325 enrollment and application fee (IAEM member rate)
- \$450 enrollment and application fee (IAEM non-member rate)

Total USD \$ _____

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:	
Payment Method:	<input type="checkbox"/> Check (payable to IAEM - U.S. funds) <input type="checkbox"/> Purchase order <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> American Express <input type="checkbox"/> Discover
<p>The following information is required in order to process your payment.</p>	
Name on card:	
Card number:	
Exp. Date:	Security Code (located on front or back of card)
Card Billing Address:	
Signature:	

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

https://members.iaem.com/members_online/registration/regstart.asp