



Seminar Registration Form*

PHCC SOUTH DAKOTA – IAPMO

South Dakota – 2012 – Continuing Education – Plumbing

4 Hour Seminar Approved for Continuing Education by the South Dakota Plumbing Commission

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Postal Code _____

Work Phone _____ Fax No. _____ Alternate Phone _____

E-mail _____ IAPMO Member Number* _____

Registration Deadline: 2 weeks prior to the selected seminar date.

PLEASE SELECT: Seminar Location _____ Seminar Date: _____

Seminar Fee: \$50.00 - Seminar Time: 6:00pm to 10:00pm

METHOD OF PAYMENT

Check/Money Order Master Card Visa Card American Express

Make Check or Money Order payable to: **IAPMO**

Send payment to: **IAPMO Chicago Regional Office, 18927 Hickory Creek Drive, Suite 140, Mokena IL 60448**

Or fax Registration Form and Credit Card information to: **(708) 479-6023**

Credit Card Number _____ Expiration Date _____ CVC _____

Name on Credit Card _____ Signature _____

Address if Different from Student _____

Purchase Order Number _____ Total Amount Due \$ _____

*Each attendee must complete a registration – photo copy this form if needed.

Customer Service Information:

IAPMO Training Department

18927 Hickory Creek Drive, Suite 140
Mokena, IL 60448

Phone: 877-IAPMO-01 (877-427-6601) • Fax: 708-479-6023

E-mail: career.services@iapmo.org • Website: www.iapmo.org

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