



Certificate of Attendance Replacement Request

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Postal Code _____

Phone _____ Fax No. _____

E-mail _____

Seminar Location: _____ **Seminar Date:** _____

Seminar was held	Fee
Within the last 12 months	[] \$10
More than 12 months ago	[] \$20

METHOD OF PAYMENT

[] Check/Money Order [] MasterCard [] Visa [] American Express

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

Send form and payment to: **18927 Hickory Creek Drive, Suite 140, Mokena IL 60448**

Or fax Form and payment information to: **(708) 479-6023**

Credit Card Number _____ Expiration Date _____ CVC _____

Name on Credit Card _____ Signature _____

Total Amount Due \$ _____

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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