



Seminar Request Form

Organization_____

Contact_____

Address_____

Phone_____ Fax_____

Email_____ Member Number_____

Shipping Address_____

Special Instructions_____

Billing Address_____

Special Instruction_____



Seminar Title_____

Date Requested_____

Location_____

Phone on Day of Seminar_____

Seminar Schedule Start_____ End_____

Anticipated number of Attendees_____

- Add this seminar to the IAPMO website schedule
- This seminar will be open to participants outside of this group

3 Ways to return this completed form:

Mail: IAPMO Chicago Office
9500 Bormet Drive, Suite 201,
Mokena, IL 60448
Attention: Maria Sol Alba

E-mail: sol.alba@iapmo.org
Fax: (708) 479-6139