

## Registration Form EPI® 101 & 201 New Mexico

Fax: 202-454-2590 Attn: Course Registrar Mail:

APIC • 1275 K Street, NW • Suite 1000 • Washington, DC 20005 Attn: Course Registrar (Send registration form with payment)

			nis box if you need special accommodations due to disability, health concerns, or al challenges. Please e-mail a written explanation of your needs to education@apic.org		
APIC MEMBER ID#:					
* FIRST NAME		MIDDLE INITIAL	* LAST NAN	1E:	
CREDENTIALS/DESIGNATIONS (License, Highest Degree, Certification)		tion)	TITLE		
EMPLOYER/FACILITY NAME					
* ADDRESS					
* CITY		* STATE	*ZIP/POSTAL CODE COUNTRY		
* BUSINESS PHONE (Include Country Code if outside the U.S.)			FAX NUMBE	:R	
* E-MAIL ADDRESS			HAVE A CODE? ENTER IT HERE		
* = Required			_		
COURSE SELECT	ION				
ALBUQUERQUE CONFERENCE CENTER 2014		Early Registration Rates (Deadline: October 10, 2014)		Regular Registration Rates (after October 10)	
		Member	Non-member*	Member Rate	Non-member Rate*
EPI® 101	November 3-5	□ \$500	\$600*	<b>□</b> \$650	\$750*
EPI® 201	November 6-8	<b>\$</b> 500	□ \$600*	<b>□</b> \$650	<b>\$750</b> *
Special Offer: EPI® 101 & 201 Package		□ \$800	\$900	<b>□</b> \$950	\$1050
	REGISTRATION END	OS OCTOBER 24,	OR WHEN CAPACI	TY IS REACHED	
CALCULATE YOU	R FEES:				
				Course 1:	\$
				+ Course 2:	+ \$
			OR Course	1 & 2 Package	\$
			Tota	I Amount Due	= \$
PAYMENT INFORI (Registration guaranteed	MATION: I upon receipt of payment)				
<ul> <li>□ Check is enclosed (Payable to APIC in U.S. dollars from a U.S. bank)</li> <li>□ Please charge my:</li> <li>○ Visa ○ MasterCard ○ AMEX ○ Government credit card</li> </ul>			CARD # EXP DATE		
			CARDHOLDER NAME (PRINTED)		
			CARDHOLDER SIGNATURE		