

**IFMA REGISTRATION FORM
LOS ANGELES CHAPTER**

**Please fax or mail in this form with your payment
Online registration available at <http://www.ifmala.org/>**

Course/Event Name: _____

Course/Event Date: _____

Attendee: _____

Member of IFMA LA Chapter Yes _____ No _____

If member of other IFMA chapter please state chapter name here: _____

Company Name: _____

Company Address: _____

Contact Phone No.: _____

Contact Email Address: _____

Credit Card No.: _____ Exp. Date: _____

Please circle: AMEX MC Visa Check enclosed

Name as it appears on the card: _____

3 or 4 digit security code: _____ Zip code of card billing address: _____

Amount: _____ Signature: _____

Please fax this form to the attention of Jim Dowden at IFMA-LA (310) 364-0196.

Or

Mail to: IFMA-LA
 C. James Dowden
 1970 East Grand Avenue
 Suite 330
 El Segundo, CA 90245

For additional information please call Jim Dowden at (310) 364-0193