Course Registration Form

IREM® Institute of Real Estate Management

1. Contact Information – Please Print

Name _____

First name for course badge _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Day Phone _____ Cell/Evening Phone _____

E-mail _____ Fax _____

☐ Check here if the above information should be your preferred IREM® mailing address.

2. IREM® Member Discount

(Select One)

PREMIER MEMBER RATE	CLASSIC MEMBER RATE
☐ CPM® Member	☐ Associate Member
☐ CPM® Candidate	☐ Academic Member
☐ ARM® Member	☐ Student Member
☐ ACoM Member	
☐ AMO® Firm Employee	

_____

IREM ID#, CPM® number, ARM® number, or ACoM number

Please send me the following membership applications

☐ Academic Member ☐ Associate Member
☐ ACoM ☐ CPM® Candidate
☐ AMO® ☐ Student Member
☐ ARM®

3. Classroom Location

_____

_____

_____

_____

_____

_____

☐ I may require special accommodations, including auxiliary aids or services, to fully participate in the course(s). Please have the IREM® registration staff contact me.

4. Payment Method

☐ Check or money order (Payable to the sponsoring IREM® Chapter)

Check number: _____

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Card No. _____ Exp. _____

Corp. Card ID No. _____

Cardholder's Name _____

Cardholder's Billing Address _____

Signature _____ Date _____

5. Course Number / Format/Location / Date / Tuition

5. Course Number	Format/Location (Classroom, instructor-led online, self-paced, or self paced select)	Date (For classroom or online)	Tuition
		Total	

Special Course Notes: If registering for MPSAXM, please select a property type below:

☐ Conventional apartment ☐ Retail strip shopping center ☐ Office building

Ways to Register:

Mail
IREM
430 N. Michigan Ave.
Chicago, IL 60611-4090

Phone
(800) 837-0706, Ext. 4650
Mon-Fri, 8am-5pm CST

Outside the U.S. call:
+1-312-329-6000

Online/E-mail
www.irem.org
custserv@irem.org

Fax
(800) 338-4736

IREM® ED