



INTERNATIONAL ASSOCIATION OF MARITIME AND PORT EXECUTIVES

Professional Education Program Application Form

Please **complete** the following and email to registration@IAMPE.org
Print clearly - Name used on application will be used on certificates

Payment options: **By Check:** payable to "IAMPE" mailed to IAMPE, PO Box 2729, South Portland, ME 04116-2729
Credit Card/PayPal - contact registration@IAMPE.org for details

Program (please check) : MPM___ IPM ___ MPE ___ IMPE ___ AMPE ___ Continuing Ed _____

Dates: _____ Location: _____

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Ext: _____

Weekend Contact Phone or Cell: _____ (In Case of Last-Minute Changes)

E-mail: _____ Web Site: _____

Number of Years in Current Position: _____ Highest Degree: _____

Referred By: _____

Office Use Only

Date Received: _____ Fee: _____ Reg. By: _____

Course Location: _____ Dates: _____

Confirmation Date: _____ Fee Received: _____

Course Materials Sent: _____ Received: _____

Remarks: _____