



## INTERNATIONAL ASSOCIATION OF MARITIME AND PORT EXECUTIVES Professional Education Program Application Form

Please **complete** the following and email to [registration@IAMPE.org](mailto: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](mailto:registration@IAMPE.org) for details

Program (please check) : MPM\_\_\_ IMPM \_\_\_ MPE \_\_\_ IMPE \_\_\_ MTO \_\_\_ Continuing Ed \_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The mailing address below is where we will send course materials and your certificate (if the course is virtual)

Mailing 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: \_\_\_\_\_