



Registration Form

Mail to: 665 Red Oak Rd., Stockbridge, GA 30281 or fax to: 404-768-7767

Name of Cardholder: _____

Company: _____

E-mail: _____

Phone: _____

Member Type: Professional Associate Non-Member Student

**Nonmembers Only, please provide billing address:

Street: _____

City, State and Zip: _____

Name of Event: _____

Examples: Jan 25, 2005 meeting - 2005 dues - Fall Golf Tournament

Name(s) of persons attending: Indicate with * by the names of attendees who wish to have CEU credit if the program qualifies.

Payment Type: Check Credit Card (If Credit Card, please complete the information below.)

Card Type: AMEX Mastercard Visa

Name of Cardholder: _____

Credit Card #: _____

Expiration Date: _____ and ZIP Code of billing address: _____

AMOUNT TO CHARGE: _____
(Charge will indicate "AHQI-IFMA")

Authorized Signature: _____

Credit Card ID No. (See Below): _____

***Here is a sample of how to find your credit card ID number:



MC/VISA:
3 digits on back of card



American Express
4 digits on front of card